Reregistration via Parent Portal

Atlanta Public School
Log in to

Campus Student

or

Campus Parent
Click More
Click Online Registration

- Message Center
- Today
- Calendar
- Discussions
- More

More

- Address Information
- Online Registration
- Next Year Course Request

Quick Links

- Atlanta Public School
- SLDS Portal
Existing Student Enrollment

Online Registration

Please select from the following:
Register student(s) who are currently enrolled in this district, or

Click here to go to Existing Student Enrollment

Welcome to Online Enrollment. You will see the househc Enrollment to continue

New Student Enrollment
This editor is to update data for students that have never be

Enrollment Year 19-20 Current Year

Click Here
Begin Enrollment

Select Correct
Enrollment Year

Begin Enrollment
Select The Enrollment Year

Welcome to Online Enrollment. You will see the household, parent/guardian and emergency contact information anx Enrollment to continue

New Student Enrollment
This editor is to update data for students that have never been enrolled in the District.

Enrollment Year

- 19-20 Current Year ▼
- 20-21 New Year
- 19-20 New Year

Select School Year

Begin Enrollment
View Student and Begin Enrollment

Welcome to Online Enrollment. You will see the household, parent/guardian and emergency contact information and will be able to change it if necessary. Press the Begin Enrollment to continue.

Existing Student Enrollment
This editor is to update data for students that are currently enrolled in the District. You may add new students that are enrolling for the select year later in the process.

If you only want to enroll new students for the select year at this year, please use the link below to go to the New Student Enrollment form.

Click here to go to New Student Enrollment

<table>
<thead>
<tr>
<th>Student Name</th>
<th>Grade</th>
<th>Included in new App?</th>
<th>Reason if not included</th>
<th>Online Registration Submitted</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>09</td>
<td>yes</td>
<td>Included</td>
<td>no</td>
</tr>
</tbody>
</table>

Enrollment Year 19-20 Current Year ▼

Click Here
Select Application Language

Infinite Campus Online Registration

English | Français | Español

Please pick your preferred language.
S'il vous plaît choisir vos langues préférées.
Por favor, elija su idioma preferido.
Welcome to the Infinite Campus Online Enrollment. Before you begin, please gather the following:

- Household information -- address and phone numbers
- Parent information -- work and cell phone numbers, email addresses
- Student information -- demographic and health/medication information
- Emergency Contact - addresses and phone numbers.

Note: Required fields are marked with a red asterisk, and the district will receive the data exactly as it is entered. Be entered as MM/DD/YYYY and phone numbers as xxx-xxx-xxxx.

Click link if you have questions about documents required to complete registration. If you need assistance, please representative will be back in touch with you the next business day.

**WHAT DO I NEED TO ENROLL IN APS?**

Click Here To Begin
Verify Current Household Preferences

Enter Primary Home Phone

Click Next to Verify Current Address
Residency Verification

- Your address as listed in the portal: [Dr SW, Atlanta, GA]
- The home address listed is no longer current

You have the option to upload your GA power bill and/or provide the original:
- Upload Georgia Power Bill

Please upload a copy of your lease or mortgage:
- Upload Lease/Mortgage

Please upload an affidavit of residency:
- Upload Affidavit of Residency

For more information about proof of residency, click on the link below:

[PROOF OF RESIDENCY IN THE ATTENDANCE ZONE]

Save/Continue

Click Save
Click/Edit Review

Enrolling Adult

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>Gender</th>
<th>Completed</th>
<th>Record Type</th>
<th>Edit/Review</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>F</td>
<td></td>
<td>Existing</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>M</td>
<td></td>
<td>Existing</td>
<td></td>
</tr>
</tbody>
</table>

Please list all primary Parent/Guardian’s in this area.

- **Yellow** - Indicates that person is missing required information. Select the highlighted row to continue.
- ✔ - Indicates that person is completed.

Click Here to enter information about each parent/guardian

Add New Parent/Guardian
## Demographics

Information for the parent/guardian or enrolling adult. Please review and complete the following:

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Name</td>
<td></td>
</tr>
<tr>
<td>Middle Name</td>
<td></td>
</tr>
<tr>
<td>Last Name</td>
<td></td>
</tr>
<tr>
<td>Suffix</td>
<td></td>
</tr>
<tr>
<td>Birth Date</td>
<td></td>
</tr>
<tr>
<td>Gender</td>
<td></td>
</tr>
</tbody>
</table>

**Review information for accuracy**

- **NOTE:** The student **must** reside full-time with the enrolling adult at the address listed below.

  Address: Dr SW

  Atlanta, GA

**NOTE:** The person enrolling a student should present proper identification. This identification may include a driver’s license, a state identification card, a passport, or other official photo identification, such as an ID card obtained through an official government agency or consulate.

For more information about qualifications click on the link below.

[PROOF OF LEGAL GUARDIANSHIP](#)

Click Next to verify

Enrolling Adult

[Next]
Please Enter Language and Contact Information
Cell Phone, Work Email, Email Address

In which language would you prefer to receive school communications?

Select Prefer Language

Cell Phone: (555) 555 - 5555
Work Phone: (666) 666 - 6666
Other Phone: (---) --- - x
Email: *apparent@gmail.com

This information will enable you to receive notifications and updates during the school year.

If you check the contact number you will receive multiple notifications via email, text, call at each number or contact methods you check. Description of Contact Preferences:
- **Emergency**: Marking this checkbox will use this method of contact for emergency messages.
- **High Priority**: Marking this checkbox will use this method of contact for messages labeled as High Priority Notification.
- **Attendance**: Marking this checkbox will use this method of contact for attendance messages, such as those sent by the Attendance Dialer Wizard.
- **Behavior**: Marking this checkbox will use this method of contact for behavior messages, such as those sent by the Behavior Messenger Wizard.
- **General**: Marking this checkbox will use this method of contact for general school messages, such as those sent by the school or district.
- **Teacher**: Marking this checkbox will use this method of contact for teacher-sent messages, including messages regarding failing grades and missing assignments.
- **Private**: Mark if number or email should be listed as private.

Click Next to Continue
Migrant Occupation Survey (If Applicable)

Has this person moved in order to work in another city, county, or state, in the last three (3) years?
- Yes
- No

Has this person been involved in one of the following occupations, either full or part-time or temporarily during the last three (3) years? (Check all that apply)
- Agriculture; planting/picking vegetables (such as tomatoes, squash, onions) or fruits (such as grapes, strawberries, blueberries)
- Planting, growing, cutting, processing trees (pulpwood) or raking pine straw
- Dairy/Poultry/Livestock
- Fishing or fish farms
- Processing/packing agricultural products
- Meatpacking/Meat processing/Seafood

Other (Please specify occupation): __________

Select All That Apply

Click Next to Continue

Active Military Survey

Cancel   Save/Continue
Active Military Survey (If Applicable)

"Active Duty" means full-time duty status in the active uniformed service of the United States, including members of the National Guard and Reserve on active duty orders pursuant to 10 U.S.C. Sections 1209 and 1211.

Military Status: 
Military Branch: 

Click Here for Options

Click Save to Continue
### Enrolling Adult(s)

**Information**

* Indicates a required field

1. **Student(s) Dwelling Address**
2. **Enrolling Adult**
3. **Emergency Contact(s)**
4. **Other Household**
5. **Student**
6. **Completed**

---

#### Enrolling Adult

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>Gender</th>
<th>Completed</th>
<th>Record Type</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>F</td>
<td>✓</td>
<td>Existing</td>
</tr>
<tr>
<td></td>
<td></td>
<td>M</td>
<td>✓</td>
<td>Existing</td>
</tr>
</tbody>
</table>

---

- **Please list all primary Parent/Guardian’s in this area.**
- **The green (√) section complete**

- **Yellow** - Indicates that person is missing required information. Select the highlighted row to continue.
- ✓ - Indicates that person is completed.

---

- **Add New Parent/Guardian**
- **Back**
- **Save/Continue**

---

**Click Save to Continue**
# Emergency Contact Information

[Image of Infinite Campus Online Registration]

* Indicates a required field

---

### Emergency Contact(s)

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>Gender</th>
<th>Completed</th>
<th>Record Type</th>
<th>Remove Existing Contact</th>
</tr>
</thead>
</table>

*IN AN EMERGENCY, if parent/guardian cannot be contacted, please call one of the following Emergency Contacts listed. Proper identification required before a student is released to emergency contacts.*

- **Yellow** - Indicates that person is missing required information. Select the highlighted row to continue.
- ✔️ - Indicates that person is completed.

---

[Buttons: Add New Emergency Contact, Back, Click Add Emergency Contact]
Emergency Contact Information

* Indicates a required field

[Image 626x5 to 715x90]
[Image 48x75 to 556x447]

Contact Name: Emergency Johnson

Demographics

Please complete the following information for each emergency contact for your students.

First Name: Emergency
Middle Name: 
Last Name: Johnson
Suffix: 
Gender: Male

Please provide emergency contact's legal name as displayed on identification.

Next

Click Next to Continue

Contact Information

Verification

Cancel  Save/Continue
In Case of Emergency...
Who do we contact?

Contact Information

Enter the contact information for this emergency contact.

Grandmother

Enter Contacts Relationship to Student

At least one Phone Number is required.

Home Phone: (999) 999-9999
Cell Phone: (111) 111-1111
Work Phone: (111) x
Email:

Click Next to Continue

Verification

Cancel  Save/Continue
Does the Emergency Contact Live with You?

Verification

Please enter the address for this emergency contact. This information will only be used to verify the contact doesn't already appear in our system.

Click here if the emergency contact resides at the same address

Please check this box if this person lives at the address listed below.

Dr
Atlanta, GA

Cancel  Save/Continue

Click Save to Continue
Emergency Contact Complete

* Indicates a required field

Student(s) Dwelling Address  Enrolling Adult  Emergency Contact(s)  Other Household  Student  Completed

Emergency Contact(s)

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>Gender</th>
<th>Completed</th>
<th>Record Type</th>
<th>Remove Existing Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency</td>
<td>Johnson</td>
<td>F</td>
<td>✓</td>
<td>New</td>
<td></td>
</tr>
</tbody>
</table>

IN AN EMERGENCY, if parent/guardian cannot be contacted, please call one of the following Emergency Contacts listed. Proper identification will be required before a student is released to emergency contacts.

Yellow - Indicates that person is missing required information. Select the highlighted row to continue.

✓ - Indicates that person is completed.

Add New Emergency Contact

Back  Save/Continue

Click Save to Continue
Other Household

Edit/Review

Infinite Campus Online Registration

* Indicates a required field

- Student(s) Dwelling Address
- Enrolling Adult
- Emergency Contact(s)
- Other Household
- Student

Other Household

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>Gender</th>
<th>Completed</th>
<th>Record Type</th>
<th>Edit/Review</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>F</td>
<td>Existing</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

In this section, please list all other children of the Primary Household already enrolled in school in the Atlanta Public School District. Please do not enter the information of the children you’re in the process of enrolling today.

Yellow - Indicates that person is missing required information. Select the highlighted row to continue.

- Indicates that person is completed.

Add New Household Member (Child not currently enrolled)

Add Other Household Members

Back  | Save/Continue

Click Save to Continue
Other Household Members

In this section, please list all other children already enrolled in the Atlanta Public School District.

- **First Name**
- **Middle Name**
- **Last Name**
- **Suffix**
- **Birth Date**
- **Gender**

Add Other APS student(s) Information

- Does this student live in the home? If so, Click Here

- Please check this box if this person lives at the address listed below.

- Dr SW
  - Atlanta, GA

- Please check this box if you wish to register this student for the upcoming school year.

[Cancel] [Save/Continue] [Click Save to Continue]
Verifying Student Information

* Indicates a required field

Student(s) Dwelling Address ✅  Enrolling Adult ✅  Emergency Contact(s) ✅  Other Household ✅  Student ✅  Completed

Application Number 15371

Student

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>Gender</th>
<th>School</th>
<th>Completed</th>
<th>Record Type</th>
<th>Edit/Review</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>M</td>
<td></td>
<td></td>
<td>Existing</td>
<td></td>
</tr>
</tbody>
</table>

Please include all students that need to be enrolled.

Yellow - Indicates that person is missing required information. Select the highlighted row to continue.

- Indicates that person is completed.

Add New Student

Back  Save/Continue

Click Save to Continue
Student Demographic Information

There will be a few steps for each student you enter. The first is general demographic information. Please verify or add the information below. Please update any information that is incorrect. Please enter the student’s name exactly as it appears on the birth certificate. If your student has two last names, please enter both in the box marked "last name". Please enter both names without a dash in between.

Legal First Name  
Middle Name  
Legal Last Name  
Suffix  
Student Cell Number ( ) -  
Gender  
Birth Date  
Enrollment Grade  

Please enter information from the student's Birth Certificate for accuracy.

Click Save to Continue

Next
Vital Residency Survey Enrollment Information

Residential Survey

Is the student’s home address a temporary living arrangement? *  Select One Y/N
- Yes
- No

Is this student living with someone other than their parent or legal guardian? *  Select One
- Yes
- No

Student Resides with:
- Both Parents
- One Parent
- Parent and Step Parent
- Guardian
- Foster Parent
- Other

NOTE: The student must reside full-time with the enrolling adult.
Click here for more information about APS Homeless Education Programs.

Enrollment Information

Based on our records, your zoned school will be: School

Student Placement Information

- Click here for School Zone Information.
- Click here for more information about Student Transfer Options.
Relationship of Enrolling Adults to Student

At least one person must be marked as 'Guardian'.

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>Guardian</th>
<th>Mailing</th>
<th>Portal</th>
<th>Messenger</th>
<th>Contact Sequence</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mother</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Father</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>2</td>
</tr>
</tbody>
</table>

**Description of Contact Preferences**
- **Guardian**: Marking this checkbox will flag this person as legal guardian to the student.
- **Mailing**: Marking this checkbox will flag this person to receive mailings for the student.
- **Portal**: Marking this checkbox will flag this person as a portal account, and this person will be able to view student information within the portal for this student.
- **Messenger**: Marking this checkbox will flag this person to receive messages from the District's messenger system.
- **Secondary Household**: Marking this checkbox will indicate that the student has a secondary household membership with this person.
- **Contact Sequence**: Adding a sequence number on contacts will prompt district staff to contact these persons in the order that you specify. Parent/Guardians should start with a sequence of 1 and Emergency Contacts should also start at a sequence of 1.

**No Relationship**: Marking this checkbox will indicate that this person does not share a relationship to the student. By checking this checkbox you are indicating that this person no longer has a relationship to the student. The relationship will be ended if one exists.

Students shall be enrolled in school by their parent, legal guardian or a person standing in loco parentis. Enrolling adults must present proper identification upon enrollment.

For more information about this policy [click here](#).
Emergency Contacts
Other Household Member Relationships

Select Relationship

Click Next to Continue

Description of Contact Preferences

Contact Sequence - Adding a sequence number on contacts will prompt district staff to contact these persons in the order that you specify. Parent/Guardians should start with a sequence of 1 and Emergency Contacts should also start at a sequence of 1.

No Relationship - Marking this checkbox will indicate that this person does not share a relationship to the student. By checking this checkbox you are indicating that this person no longer has a relationship to the student. The relationship will be ended if one exists.

Click Next to Continue
Health Services

Please be prepared to provide documentation directly to the school nurse regarding any and all health conditions/concerns and medications.

For more information on current health and immunization requirements for rising 7th graders and rising 11th graders, see the links below:

1. Immunizations Requirements
2. School Health Form

Click Here To Review Important Information

Click Next to Continue
Media Release Agreement

Release Agreement - Media

Atlanta Public Schools uses and releases photographs, audio recordings, and/or video recordings taken or recorded at its facilities and events for educational, instructional, or promotional purposes as determined by Atlanta Public Schools for use in broadcast and media formats now existing or created in the future. These photographs and recordings often include depictions of students and/or parents engaged in school functions and activities. Any such photographs, audio recordings, and/or video recordings shall become the property of Atlanta Public Schools and may be used by Atlanta Public Schools or others with the consent of Atlanta Public Schools and/or its representatives. As the parent/legal guardian of a student you may elect to withhold your consent for Atlanta Public Schools’ use of photographs, audio recordings, and/or video recordings of your child.

Please note that your written notice will be effective for the current school year only and must be renewed on an annual basis should you wish to continue to opt-out of the release of photographs and recordings. Finally, please note that Atlanta Public Schools is not responsible for, and cannot control, photographs, audio recordings, or video recordings captured by individuals who are not employed by, affiliated with, or under contract with Atlanta Public Schools. Please contact your local school administration or the district’s communications team if you have further questions regarding media releases.

NOTE: If you select "YES", it will be considered that you are allowing your student to participate in publicity-related activities and news media opportunities as described below. THE GUARDIAN MUST NOTIFY THE PRINCIPAL OF THE SCHOOL IN WRITING WITHIN 10 DAYS OF RECEIPT OF THE STUDENT HANDBOOK OR BY SEPTEMBER 1 OF THE SCHOOL YEAR.

By selecting "NO" you are advising Atlanta Public Schools of your choice to not have your child’s name, image, voice or likeness appear in any form of media communication (Internet, photography, publishing, recording or videotaping) generated by Atlanta Public Schools or news-gathering organization (news media). Additionally, you are expressing that you do not wish for your child to participate in any APS approved media or publicity interviews or discussions that may be used for promotional or news-gathering purposes unless you direct otherwise.

- Yes - I give permission for my child to participate in any public or school media publication.
- No - I do not consent to the School and/or District’s use of my child’s photograph, voice and/or name in various media projects.

Click Next to Continue
Technology Agreement

Release Agreement - Technology

*I agree to the Internet acceptable use policy.

- Yes
- No

Internet Acceptable Use Policy

Click Next to Continue

APS Non Discrimination Policy & Registration Completion

The Atlanta Public School System does not discriminate on the basis of race, color, religion, sex, citizenship, ethnic or national origin, age, disability, medical status, military status, veteran status, marital status, sexual orientation, gender identity or expression, genetic information, ancestry, or any legally protected status in any of its employment practices, educational programs, services or activities. For additional information about nondiscrimination provisions, please contact the Office of Internal Resolution, 130 Trinity Avenue, S.W. Avenue, Atlanta, Georgia 30303.

I have read and understand the APS Non Discrimination Policy*

- Yes
- No

I understand that I will still need to physically attend the on-site building registration to complete the entire registration process. There are some portions that cannot be completed online (schedule change requests, counselor meeting requests, obtaining a photo id, joining clubs, etc.).*

- Yes
- No

Click Next to Continue
Enrolling Adult Signature

By clicking here: You affirm that the information you have provided is true and accurate.

☐ To be enrolled in Atlanta Public Schools, students must reside full-time in the City of Atlanta with their natural parent(s), legal guardian(s), or legal custodian(s). For the purpose of this policy, a resident is defined as an individual who is a full-time occupant of a dwelling located in the City of Atlanta and who, on any given school day, is likely to be at their stated address when not at work or school. A person who owns property in the City of Atlanta, but does not reside in the City of Atlanta, is not considered a resident. Parents are required to notify Atlanta Public Schools within fourteen (14) days if there is a change in residence. Representatives of Atlanta Public Schools may visit the home to verify residency. A student enrolled in Atlanta Public Schools under falsified information is illegally enrolled and will be immediately withdrawn from school. Parents and Guardians making false statements or submitting false documentation is a violation of O.C.G.A. §16-9-2, §16-10-20 and/or §16-10-71 of the criminal laws of the State of Georgia and punishable by a fine of not more than $1,000.00 or by imprisonment for not less than one nor more than five years, or both. O.C.G.A. 16-10-71.

By signing below, I swear or affirm that the information I have provided is true and correct.

Please sign on the line below

Use Your Cursor/Finger
Sign Here

You are now complete. Please click save to add a new student or click save then save again to finish.
You must submit your application by clicking the following button.

Submit

Click Here To Submit Application

PLEASE NOTE: Prior to submitting your application you may verify all of the data you have entered by going back to the area in question or click on the PDF link below. Your information is not submitted until you click the submit button above. You will receive an email notification that you application was received after clicking submit application.

Back

Application Summary.pdf

Click here to print
application for your records

Online Registration Summary

Approved By: 
Approved Date: 
Application End Year: 2020

Confirmation Number: #15371

This is your Application Number #
Please reference this #
for all inquiries
You’re All Done!
Thank You for Completing Online Reregistration

Copies of Residency and/or Vital Records May Be Requested for Verification.

You will receive an email when your application has been processed.