

ACCESS TO ONLINE REGISTRATION


ONLINE REGISTRATION NEW STUDENT

provides a convenient and quick way to register your child(ren) for school.


Contact your school for additional registration information, or if you have any questions or problems while completing Online Registration.






1. LOGIN

 Link provided in email sent by the school or Enrollment Services
check your spam or junk folder if you do not receive the email

*Choice/Zone students please visit Choice and Enrollment Services at <https://schoolchoice.dpsk12.org/>

 Open link; use browsers **Chrome** or **Firefox**

Please have these documents ready to upload

-  Valid proof of address
-  Student(s) birth verification
-  Vaccination records

Dear [Name],

Welcome to Online Registration. Before you begin, please gather the following:

- Household information -- address and phone numbers
 - If you haven't already provided your school with your proof of address, please have a utility bill with service address, mortgage statement or rental agreement available to upload or bring to school by the start date;
- Parent information -- work and cell phone numbers, email addresses;
- Student information -- demographic and health/medication information
 - if you haven't already provided the school with your student's proof of birth and immunization record, please have it available to upload or bring to school by the start date;
- Emergency contact -- phone numbers

Note: Required fields are marked with a red asterisk. The district will receive the data exactly as it is entered, so please be careful of spelling, capitalization and punctuation and use legal names. Dates should be entered as MM/DD/YYYY and phone numbers as xxx-xxx-xxxx.

If you need assistance, reference the [Online Registration Navigation Guide](#) (New), or reach out to your school.


Please click the link below (or copy/paste it into a browser) to begin your Online Registration application. If you need to stop before completing the application, select Save/Continue to save the information and click the below link to resume.

<https://campusdev.dpsk12.org/campus/OLRLoginEmail/icde>

Families will need to submit the following documents:

- **Verification of child's age.** Acceptable documents include a copy of the child's birth certificate, baptismal record or hospital record.
- **Verification of current address.** Acceptable documents include copy of current lease, proof of home ownership, or utility bill such as gas, electric, water or cable.

2. LANGUAGE SELECTION

 Select your preferred language

*For help with navigating Online Registration in your language, please call your school.

Infinite Campus Online Registration

[English](#) | [Español](#) | [Tiếng Việt](#)

Please select your preferred language.

Por favor, elija su idioma preferida.

Vui lòng chọn ngôn ngữ ưa thích của bạn

3. ELECTRONIC SIGNATURE

Type your "electronic signature"

 Click **Submit**

A new window will open

 Click **Begin**

*Your session will time out after 60 minutes of no activity. Remember to Save if you need to exit and return at a later time. Use the link provided in your email to return to the saved application.

By typing your name into the box below you attest that you are the legal guardian for the student(s) you are registering, and the data you are entering/verifying is accurate and true to the best of your knowledge.

Submit

Infinite Campus Online Registration

[English](#) | [Español](#) | [Tiếng Việt](#)
Welcome to Online Registration

Begin

COMPLETING APPLICATION



4. HOUSEHOLD TAB

Enter the information in each section

- 🔒 **Home Phone**
- 🔒 Click **Next** to move onto next section
- 🔒 **Student's Primary Residence**

If address is not in the dropdown results, enter address by typing in each applicable field.

- 🔒 Click **Upload proof of address**; submit your valid proof of address (lease, proof of home ownership, utility bill such as gas, water, or cable)

When the Household section is complete

- 🔒 Click **Save/Continue** to proceed to the next tab

Once you complete all sections in a tab and save, the tab will change from **Blue** to **Green**.

* Indicates a required field

▼ Household ⓧ Parent

▼ Home Phone

Next ▶

▶ Student's Primary Residence

Save/Continue

▼ Student's Primary Residence

*Verify or add the information below. Update any information

Number: 9431 * Prefix: Street: State: Zip: City: *

9431 Tammy Ln, Parker, CO 80134 7511 Douglas
 9431 Saint Paul Ct, Thornton, CO 80229 1411 Adams
 9431 E 5th Ave, Denver, CO 80230 6515 Denver
 9431 W Rice Ave, Littleton, CO 80123 1191 Jefferson

New students, or students that have a change of address, please upload proof of address if your address has changed.

Upload proof of address

Save/Continue

5. PARENT TAB

*The parent/guardian that resides with the student must be added.

Enter the information in each section

- 🔒 **Demographic**
- 🔒 Click **Next** to move onto next section
- 🔒 **Contact Information**
- 🔒 Click **Save/Continue**

- ✅ A **green** check mark indicates all sections are complete

When finished adding all Parents/Guardians

- 🔒 Click on **Save/Continue** to proceed to the next tab

✓ Household ▼ Parent

Parent Name: [Redacted]

▼ Demographics

▶ Contact Information

Cancel Save/Continue

Legal First Name	Legal Last Name	Gender Identity	Completed	
Jane	Doe	F	✓	Edit

Add New Parent

Back

Save/Continue



SECONDARY HOUSEHOLDS

When a parent/guardian does not live at the student's primary residence, uncheck the box indicating so.

If student(s) lives part time with this guardian

Enter the address and phone number

If address is not in the dropdown results, enter address by typing in each applicable field.

If you do not wish to provide an address for this guardian

Check the box **I will not provide an address for this parent**

Once complete

- Click **Next** to move onto next section
- Enter **Contact Information**
- Click **Save/Continue** when done

Please uncheck this box if this parent/guardian does not live at the primary household of the student(s). parent/guardian that resides at the student's primary address has been added before completing this registra
If you have indicated an address change to the primary household earlier in the application it will not be refle
school receives the submitted application with an uploaded proof of address and has made the change in our

Number Prefix Street Tag Direction

City State Zip Ext. County

Click on your address if it appears in box

Phone Number () -

[Click Next to continue.](#)

I will not provide an address for this parent.

Contact Information

6. EMERGENCY CONTACT TAB

Please consider adding one Emergency Contact

Click **Add New Emergency Contact**

Enter information in each of the sections

- Demographics**
 - Click **Next** to move onto next section
 - Contact Information**
 - Click **Save/Continue**
- ✓ A green check mark indicates all sections are complete

When finished adding all Emergency Contacts

Click **Save/Continue** to proceed to the next tab

* Indicates a required field

✓ Household → ✓ Parent → Emergency Contact

Emergency Contact

Legal First Name Legal Last Name

✓ Household → ✓ Parent → Emergency Contact

Contact Name: John Doe

Emergency Contact

Legal First Name	Legal Last Name	Gender Identity	Completed	
John	Doe	M	<input checked="" type="checkbox"/>	<input type="button" value="Edit"/>



7. STUDENT TAB

Click **Add New Student**

Enter the information in each section for every student that will be registered.

Student Age Verification - uploaded birth document i.e. birth certificate, hospital records, baptismal record, passport

Immunizations - upload records

★ Shared Custody - Check the **Secondary Household** box in the *Relationships - Parent/Guardians* section if the student lives with both guardians in two separate households.

✓ A green check mark indicates all sections are complete

When the Student section is complete

Click **Save/Continue** to proceed to the next tab

If you wish to exit and return at a later date to complete a student section, remember to click **Save/Continue**. All of the information entered at that point will be saved.

Add New Student

Back

Student Age Verification

If a proof of birth has not been provided to the school for this student, please upload a proof of birth.

Upload Birth Certificate

Immunizations

Click below to upload immunization records or exemption documents. You may also provide these to the School Nurse.

Upload Immunization Record or Exemption

Relationships - Parent/Guardians

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

Name	Relationship*	Guardian	Mailing	Portal	Messenger	Secondary Household	Contact Sequence*
Father		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1
Mother		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	3

Student

Legal First Name	Legal Last Name	Gender Identity	School	Completed
Janet	Doe	F	Bromwell Elementary School	<input checked="" type="checkbox"/>

Add New Student

Back

Save/Continue

8. COMPLETED TAB

Click **Online Registration Summary PDF** will open in a new window

Review your information

Save, print, or email a copy of the **Online Registration Summary PDF** for your records

Close window; return to **Completed** tab

*Missing or incorrect information can be corrected by clicking on the section tab, at the top of the screen, and then select **Edit**.

When all sections are complete

Click **Submit**

Click **Confirm**

Online Registration is now complete

You will receive an email notification that Online Registration has been completed

If any changes are necessary, return to that section to make. Once submitted, you will not be able to modify this data.

SUBMIT

Back

[Online Registration Summary PDF](#)

Online Registration Summary

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139970

Approved By: _____
Approved Date: _____
Application End Year: 2021

Confirmation Number: # 139970
Application Created By: Jane Doe

Household	Student
Home Phone Home Phone: (725)252-2555 Home Phone: Voice Text	Doe, Janet DOB: 05/04/2012 Student Number: Gender: F Relationships Jane Doe - Mother

✓ Household ✓ Parent ✓ Emergency Contact ✓ Student **Completed**

Click BACK if you need to edit your application or Click SUBMIT if everything is correct.

If any changes are necessary, return to that section to make your changes prior to submitting. Once submitted, you will not be able to modify this data.

SUBMIT

Back

[Online Registration Summary PDF](#)

Warning

Once you click submit, you will not be able to edit this online application. Are you sure that you are ready to submit?

Confirm Cancel

