

Welcome Parents/Guardians to the Dayton Independent School District

Online Registration for New Students Enrolling in the Dayton Independent School District

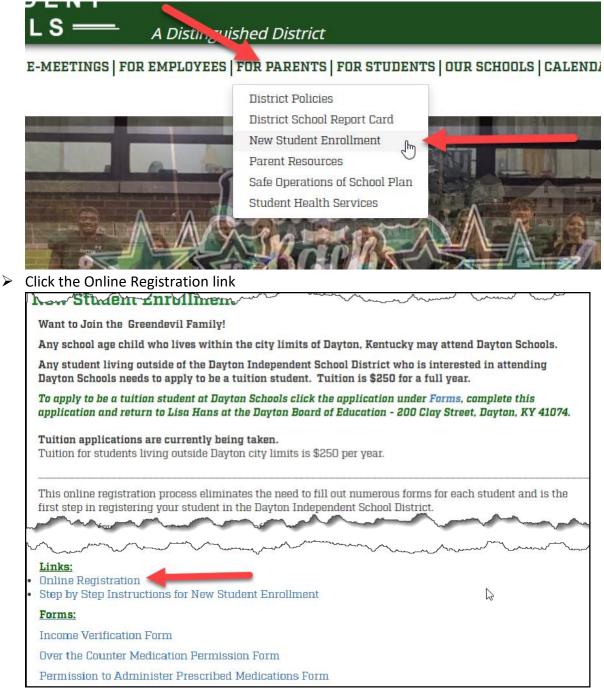
Schools Lincoln Elementary: PreK – 6th Dayton High School: 7th – 12th

The Mission of Dayton Independent Schools is to **INSPIRE, ENGAGE**, and **GROW** each of our Students

Welcome to the Online Registration. This registration process eliminates filling out numerous forms for each student and is the first step in registering your student with the Dayton Independent School District.

To Start the process:

- Access the district website at <u>https://www.dayton.kyschools.us/</u> on your computer browser. (Chrome, Firefox, or Edge work best for this process).
- Click Parents and then Infinite Campus Online Registration



Enter your information carefully. Required fields are marked with a red asterisk, and the district will receive the data exactly as it is entered. Please be careful of spelling, capitalization and punctuation. Dates should be entered as MM/DD/YYYY and phone numbers as xxx-xxx.

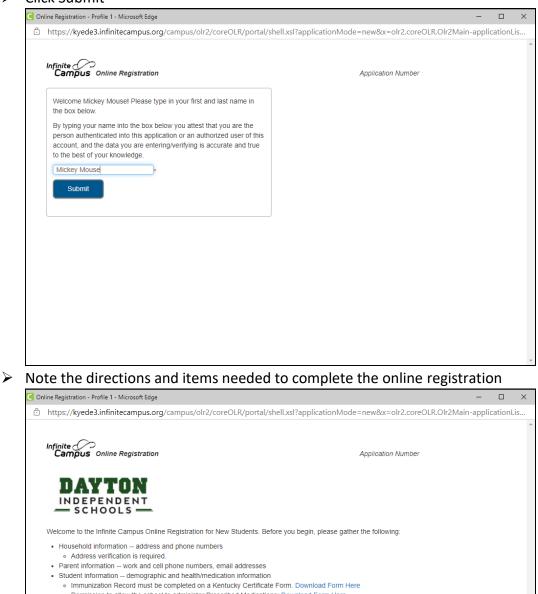
- Click Start a New Registration to start a new Online Registration.
- Click Returned to Saved Registration to finish the Online Registration where you left off. It is important to record the Application Number that comes up so that you can retrieve your application.

Infinite			
Please complete the information below t	ONLINE REGISTRATION KIOSK		
Parent/Guardian First Name		-	
Parent/Guardian Last Name	Welcome to the district's Online Registration Kiosk!		
Date of Birth (MM/DD/YYYY)	Welcome to the district's Online Registration Kiosk! Please select whether you are starting a new application or if you are returning to finish an existing application. Start New Registration Return to Saved Registration		
Registration Year	or in you are returning to missi an existing application.		
Email Address			
Previously Attended this District	Chart New Registration Deture to Crued Deviatoria		
Confirmation Number	Start New Registration Return to Saved Registration		
Please type the letters you see displayed	d in the image below		
Begin Registration			

- Enter your First Name, Last Name, Date of Birth, and Email Address (if you have one).
 - Your date of birth is required to retrieve this registration if you need to save it and continue later.
- Select the Current School year from the drop down. The only exception would be if you are registering a student in Preschool or Kindergarten for the next school year.
- > Enter the letters and numbers in the image on your screen.
- Click the Begin Registration button
- > Write down the Confirmation Number before moving forward
- Click the Confirm button to continue to the registration

- Enter your name to confirm that you are completing this online registration
 - Note the Application Number. This will show up on all screens. If you have not recorded it, please do so to allow you to continue where you leave off.

Click Submit



- Permission to allow the school to administer Prescribed Medications: Download Form Here
 Former grades/transcript can be uploaded in this application.
- Birth Certificate

Begin

- Social Security Card Needed at the high school for KEES Money
- Emergency Contact addresses and phone numbers.
- Note: any documents (Birth Certificate, SSN Card, etc) uploaded to this site will be kept secure and private

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

If you need assistance, please call the school (Dayton High School: 859-292-7486 or Lincoln Elementary: 859-292-7492) during school hours (7:30am - 3:30pm) or leave a message and someone will be back in touch with you the next school day.

- Enter the primary phone number here. This can be a home phone (land line) or cell phone if you don't have a home phone (land line)
- You can uncheck anything of the Contact Preferences here. You can also check any of the Text (SMS) options as we move forward with this Contact option.
- Click the smaller Next button to move forward

finite	on					Applicatio	on Number		
Indicates a required field									
▼ Student(s) Primary Househo	old OPa	rent/Guardia		ergency Con	tact (Studen	Com	pleted	
 Primary Phone 									
Primary Phone (859) 555 - 1234 *	Voice	Emergency	High Priority	Contact F Attendance	Preferences Behavior	General	Food Service	Teacher	Private
Description of Contact Preferences									
Description of Contact Preferences Emergency - Marking this checkb High Priority - Marking this check Attendance - Marking this checkbox General - Marking this checkbox Food Service - Marking this checkbox assignments. Private - Marking this checkbox	oox will use this n kbox will use this oox will use this n will use this meth will use this meth kbox will use this meth	method of conta nethod of contact hod of contact for method of contact for method of contact for	act for messages ct for attendance for behavior mes or general school tact for food serv	labeled as High messages. sages. messages, such ice messages	as those ser	nt by the sc		d missing	
Emergency - Marking this checkb High Priority - Marking this check Attendance - Marking this checkbox General - Marking this checkbox General - Marking this checkbox Food Service - Marking this checkbox assignments.	oox will use this n kbox will use this oox will use this n will use this meth will use this meth kbox will use this meth	method of conta nethod of contact hod of contact for method of contact for method of contact for	act for messages ct for attendance for behavior mes or general school tact for food serv	labeled as High messages. sages. messages, such ice messages	as those ser	nt by the sc		d missing	
Emergency - Marking this check High Priority - Marking this check Attendance - Marking this check Behavior - Marking this checkbox General - Marking this checkbox Food Service - Marking this check Teacher - Marking this check assignments. Private - Mark if number should b	oox will use this n kbox will use this oox will use this n will use this meth will use this meth kbox will use this meth	method of conta nethod of contact hod of contact for method of contact for method of contact for	act for messages ct for attendance for behavior mes or general school tact for food serv	labeled as High messages. sages. messages, such ice messages	as those ser	nt by the sc		d missing	

- Enter your address here. You can upload a Utility Bill for Address Verification. A Welcome Visit will still occur by the Director of Pupil Personnel or designee.
- Click the small Next button to move forward

					/shell.xsl?x=olr2.0			5	
Primary Phone									
Home Address									
the street name fi Example: If you	ield. live at 1234 East S	esame Street	t, 1234 should be Street Name On e Only	e entered into	t is incorrect. Please of the Street Number fi St should be entered i St, Ave, Blvd, etc.	eld, E shou in the St,Av	ild be entered into t ve,Blvd,etc. field.		
City Dayton		State	Zip 41074 *	Ext.	County				
Clear Address Fi	elds	кт 🕶 *	410/4						
	ddress if it appears	s in box							
Please uplo	200 Green Dayton, K ad a utility b	devil La Y 41074	^{d above} ve residenc	e in the d	district.				
	Dayton, K	devil La Y 41074		e in the c	district.				
	Dayton, K ad a utility b	devil La Y 41074		e in the c	district.	ß			
	Dayton, K ad a utility b	devil La Y 41074		e in the c	district.	ß			
Upload	Dayton, K ad a utility b	devil La Y 41074		e in the c	district.	\square			
Upload	Dayton, K ad a utility b Utility Bill	devil La Y 41074		e in the c	district.	ß			
Upload	Dayton, K ad a utility b Utility Bill	devil La Y 41074		e in the o	district.	ß			
Upload	Dayton, K ad a utility b Utility Bill	devil La Y 41074		e in the o	district.	ß			
Upload	Dayton, K ad a utility b Utility Bill	devil La Y 41074		e in the o	district.	₿ Isotextile Isotexti			
Upload	Dayton, K ad a utility b Utility Bill	devil La Y 41074		e in the o	district.	L3			

Enter total number of household members.

*Located here is the Income Verification Form that can be downloaded. This allows the district and/or school to participate in different grant opportunities.

Click the small Next button to move forward

Income Survey					
	information below, even if you ILL BE KEPT CONFIDENTIAL, N			the survey to be considered a	a valid measure, ALL
	please print, complete, and re	turn this form to Tracy Gentru	p-Ruebusch, District FRAM C	Coordinator located at Lincolr	Elementary School:
Income Verification	on Form				
Total number of	household members:				2 *
Is your annual in	ncome less than or equal to th	e amount shown below for yo	ur family size?		No 🛩
Household					
Size			If Paid Two Times	If Daid Eveny Two	
	Annual Income	Monthly Income	per Month	Weeks	Weekly Income
(Adults &			permonth	WEEKS	
Child)	400 COC	A1.050	\$984	*000	\$454
1	\$23,606	\$1,968	\$984 1.329	\$908 1.127	\$454 614
2	31,894	2,658	-/	1,127	773
3	40,182	3,349	1,675	-1	
4	48,470	4,040	2,020	1,865	933
5 6	56,758 65.946	4,730 5,421	2,711 2,711	2,502	1,092 1,251
0 7		6.112	3.056	2,502	-,
-	73,334	-/	-/	-/	1,411
8	81,622	6,802	3,401	3,140	1,570
Each Additional	Add \$8,2881 for				Add \$160 for each
Family	each additional	additional family		additional family	additional family
Member	family member	member	member	member	member
			·		
	y participate in any of the follo (SSI) and/or Low Income Ho			or Section 8, Supplementary	No V
	ink to get more information ab				
4 Previous	Next >				
. Tronous					

- Uncheck the checkbox to add an additional mailing address. This isn't common but if there is shared custody and the second parent would need mailings from the school.
- Click the Save/Continue button to move forward

C On	nline Registration - Profile 1 - Microsoft Edge	-		×
ĉ	https://kyede3.infinitecampus.org/campus/olr2/coreOLR/portal/shell.xsl?x=olr2.Olr2Outline&mode=onlineregistration≈	plicatio	nMod	le
	Infinite Concerning Contine Registration Application Number			•
	* Indicates a required field			
	Student(s) Primary Household OParent/Guardian Emergency Contact OStudent Completed			
	Primary Phone			
	Home Address			
	Income Survey			
	Mailing Address Please use the address editor below to enter your address. You will see the formatted postal address below in the viewer. Once your address appears as it should on U.S. Postal Mail, please click "Save". Please do not effer the entries address in the kartent name field. Example: If you live at 224 East Sassame Street, 1224 should be entered in the Street Humber field, E should be entered in the first N.S.E.Wind, Sessome Should be entered in the Street Humber field, and St should be entered in the Street, field. If the household has no separate Mailing Address If a previous Save/Continue			

- This is the parent/guardian section. Most of your information will be completed for you. Just add your gender.
 - C Online Registration Profile 1 Microsoft Edge п 🖞 https://kyede3.infinitecampus.org/campus/olr2/coreOLR/portal/shell.xsl?x=olr2.Olr2Outline&mode=onlineregistration&applicationMode Infinite Online Registration Application Number 140 * Indicates a required field Student(s) Primary Household Student Completed Parent/Guardian Name: Mickey Mouse Demographics Enter the parent/guardian you wish to enter. Please review and complete the following: Mickey * First Name Middle Name Last Name Mouse . Suffix ~ 10/10/1980 Birth Date Gender Male 💙 Please check this box if this person lives at the address listed below 200 Greendevil La Dayton, KY 41074 Next > Contact Information Impact Aid Cancel Save/Continue
- Click the small Next button to move forward

- Enter a phone number here. This is required. *If you do not have a phone number, enter the Generic number: 859-555-1234 in any of the phone number fields. Then, uncheck all of the checkboxes next to that phone number.
- Click the small Next button to move forward

				Contact P	references				
		Emergency	High Priority	Attendance	e Behavior	General	Food Service	Teacher	Private
At least one Phone Number is required."									
Cell Phone (859) 555 - 2288	Voice	~	~	~	~	~	V	~	
	(SMS)Text								
Work Phone () - x									
Other Phone () - x									
Email * mickeymouse@disney.com		~	~	~	~	V	✓	\checkmark	
or									
Has no e-mail									
Secondary Email									
Description of Contact Preferences Emergency - Marking this checkbox will use this method of contact	6								
High Priority - Marking this checkbox will use this method of contact			Priority	Notification					
Attendance - Marking this checkbox will use this method of contact									
Behavior - Marking this checkbox will use this method of contact for									
General - Marking this checkbox will use this method of contact for Food Service - Marking this checkbox will use this method of contact			as those	sent by th	e school or	district.			
Teacher - Marking this checkbox will use this method of contact for assignments.			ng mess	ages regard	ling failing	grades a	nd miss	ing	
Private - Mark if number or email should be listed as private									
Previous Next Next Ne									
4 Previous INEXC P									

- Impact Aid section, are you a member of the military?
- Click the Save/Continue button to move forward

C Or	nline Registration - Profile 1 - Microsoft Edge	- 0	×
ĉ	https://kyede3.infinitecampus.org/campus/olr2/coreOLR/portal/shell.xsl?x=olr2.Olr2Outline&mode=onlineregistration&appl	icationMo	ode
	Infinite		
	* Indicates a required field		
	Student(s) Primary Household		
	Parent/Guardian Name: Mickey Mouse		
	> Demographics		
	Contact Information		
	* Impact Aid		
	Federal Impact Aid (FIA) Section 8003 Grant Information. Parent/Guardian in Military		
	○ Yes, this individual is a member of the military		
	No, this individual is not a member of the military		
	< Previous		
	Cancel Save/Continue		

- Add an additional Parent/Guardian here by clicking the Add New Parent/Guardian. You would complete the same information for the additional Parent/Guardian as you entered for yourself.
- > If none, Click the Save/Continue button to move forward

On	line Registration - Profile	1 - Microsoft Edge			- 🗆 X	
÷	https://kyede3.inf	initecampus.org/	ampus/olr2/co	oreOLR/portal/she	ell.xsl?x=olr2.Olr2Outline&mode=onlineregistration&applicationMode	
	Infinite Campus Onli	ine Registration			Application Number	
	* Indicates a require	d field				
	✓ Student(s) Pri _Parent/Guar	mary Household	▼ Parent/G	uardian NEn	mergency Contact	
	First Name	Last Name	Gender	Completed		
	Mickey	Mouse	м	1	Edit/Review	
	Please list all prima	ry Parent/Guardian's ir	this area.			
		that person is missing		n. Select the highlighte	ted row to continue.	
	 Indicates that 	person is completed.				
	Add New Parent/	Guardian				
	Back Save	e/Continue				
						+

- > At least one Emergency Contact is required for when the school is unable to reach you.
- Do not enter a Parent/Guardian here if they are already entered in the Parent/Guardian section
- > Click the Add New Emergency Contact button to move forward

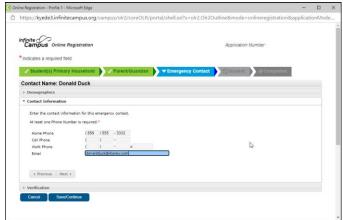
line Registration - Profile 1 -	Microsoft Edge					-		×
https://kyede3.infinit	ecampus.org/campus/o	lr2/coreOLR/portal	l/shell.xsl?x=olr2.Olr2C	Outline&mode	=onlineregistration≈	plicati	onMod	e
Infinite Campus Online	Registration			Applicatio	Don Number			-
* Indicates a required fie	eld							
🗸 Student(s) Prima	ry Household 🔶 🗸 Par	ent/Guardian	Emergency Contact	Studen	Completed			
Emergency Co	ntact				1			
First Name	Last Name	Gender	Completed					
Proper identification wi	Il be required before a student	is released to emergency	contacts.	tacts listed.				
		ormation. Select the high	lighted row to continue.					
Add New Emergency	Contact				-			
Back								
	https://kyede3.infinit Infinite Online * Indicates a required fit Student(s) Prima Emergency Co First Name In A IMERGENCY, if of Procer identification wi Yellow - Indicates that - Indicates that per	Infinite Conline Registration Indicates a required field Student(s) Primary Household Pare Emergency Contact In An EMERGENCY. If parent/ouardian cannot be conte Procer individuation will be required before a student Yellow - Indicates that person is missing required inf Indicates that person is completed. Add New Emergency Contact	https://kyede3.infinitecampus.org/campus/olr2/coreOLR/porta Infinite Campus Online Registration * Indicates a required field Student(s) Primary Household Parent/Guardian Emergency Contact In AN EMERGENCY. if garent/guardian cannot be contacted, elease call one of Erroper identication will be required to interesting Yellow - Indicates that person is missing required information. Select the high	https://kyede3.infinitecampus.org/campus/olr2/coreOLR/portal/shell.xsl?x=olr2.Olr20 Infinite online Registration * Indicates a required field * Student(s) Primary Household Parent/Guardian Temergency Contact Emergency Contact First Name Last Name Gender Completed In AN EMERGENCY. If parent/ouardian cannot be contacted, please call one of the following 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	https://kyede3.infinitecampus.org/campus/olr2/coreOLR/portal/shell.xsl?x=olr2.Olr2Outline&mode Infinite Infinit	https://kyede3.infinitecampus.org/campus/olr2/coreOLR/portal/shell.xsl?x=olr2.Olr2Outline&mode=onlineregistration≈	https://kyede3.infinitecampus.org/campus/olr2/coreOLR/portal/shell.xsl?x=olr2.Olr2Outline&mode=onlineregistration&application Infinite of Infinite Completed Infinite of Infinite Registration Infinite of Infinite Registratio	https://kyede3.infinitecampus.org/campus/olr2/coreOLR/portal/shell.xsl?x=olr2.Olr2Outline&mode=onlineregistration&applicationMod Infinite of a required field Student(s) Primary Household Parent/Guardian Temergency Contact Ostudent Emergency Contact In Anter Last Name Gender Completed In Anter Complet

Enter the Emergency contact information

Click the small Next button to move forward

On	ine Registration - Profile 1 - Microsoft E	dge		-		\times
ô	https://kyede3.infinitecampu	.org/campus/olr2/c	oreOLR/portal/shell.xsl?x=olr2.Olr2Outline&mode=onlineregistration&app	olicatio	nMod	le
	Infinite	ion	Application Number			
	* Indicates a required field					- 1
	Student(s) Primary House	nold 📝 🗸 Parent/G	Suardian Emergency Contact			- 1
	Contact Name: Donald Due	:k				
	 Demographics 					_
	Please complete the followin First Name Middle Name Last Name Suffix Birth Date Gender Next >	g information for each en Donald Duck Male V	ergency contact for your students.			
	Contact Information					
	Verification					
	Cancel Save/Continue					

- Enter the phone number(s) for the emergency contact. An email address maybe added as well.
- Click the small Next button to move forward



- Enter the emergency contact's address
- Click the Save/Continue button to move forward

Contact Name: Don	ald Duck	
Demographics		
Contact Information		
 Verification 		
Please enter the addres system.	s for this emergency contact. This information will only be used to verify the contact doesn't already appear in our	
	Please check this box if this person lives at the address listed below.	
	200 Greendevil La Dayton, KY 41074	
or		
Address Line 1	701 Sth Ave	
Address Line 2	Dayton, KY 41074	
Example Address Line 1 - 123 : Address Line 2 - Sche		
4 Previous		
Cancel Save/C	and the second se	

Add additional Emergency Contacts here or if none, click the Save/Continue to move forward

Infinite Campus Online		ampus/olr2/co	oreOLR/portal/she	ell.xsl?x=olr2.0lr20ut	line&mode=on	lineregistration&a	pplicati	onMoo	de.
Campus Online	Registration								
* Indicates a required fie	required field http://Primary Household				Application No	imber			
Campus Online Registration Application Number	\square								
Student(s) Primar	y Household	Parent/G	uardian TE n	nergency Contact	Student	Completed			
Emergency Co	ntact								
* Indicates a required field									
Campus Online Registration Application Number *Indicates a required field *Indicates a required field Composited * Student(s) Frimary Household * Parent/Guardian * Emergency Contact Composited Emergency Contact Indicates and another the student indicates and another the following firmery contacts lated. Composited Composited Local UNERDED/Cr. L generational in the registration all all another indicates indicates indicates and another assessments. Contacts lated. Velow: Local UNERDED/Cr. L generation all and another indicates indicates and another assessments. Contacts lated. Velow: Local UNERDED/Cr. L generation all all another indicates indicates and another assessments. Contacts lated. Velow: - Indicates that person is musing required information. Select the highlighted row to continue. * - Indicates that person is completed. Add there Emergency Contact Add there Emergency Contact 									
Donald	Guiss a required field								
In AN EMERGENCY, if pa	arent/guardian can	not be contacted, p	lease call one of the fo	llowing Emergency Contact	is listed,				
		on Application Number							
 Indicates that pers 	on is completed.								
Add New Emergency	Application Number action a required field Studentigs Primary Household Margency Contact Tet Name Last Name Gender Completed mid Dock H Contact Completed Margency Contact Alt Methoda is a required in a field and a mersence contacta. Margency Contact In the second is a contact of a contact of a mersence contact. Margency Contact Interview of the second is a contact of a contact of a mersence contact. Margency Contact Interview of the second is a contact of a contact of a mersence contact.								
Back Save/Cor	Application Number a required field ant(s) Premary Household A Parent/Guardian C Emergency Contact ant <u>C Emergency Contact</u> <u>C Emergency Contact</u> <u>C Editations</u> <u>C Emergency Contact</u> <u>C Emerg</u>								
Contraction of Contraction	ede3.infinitecampus.org/campus/olr2/coreOLR/portal/shell.sdTx=olr2.Olr2Outline&mode=onlineregistration US Online Registration a required field Total Premary Household Parenb/Guardian Completed Total Completed Compl								

> Click the Add New Student button to start the student section of this registration

C Onli	ine Registration - Profile 1	- Microsoft Edge					-		×
Ô	https://kyede3.infin	itecampus.org/campus	s/olr2/coreOLR/por	tal/shell.xsl?x=olr2.	Olr2Outline&mode=o	nlineregistration≈	plicatio	onMode	e
	Infinite Campus Onlin				Application	Number			ĺ
	✓ Student(s) Prim		Parent/Guardian	Emergency Co	ntact Student	Completed			
	_Student								
	First Name	Last Name	Gender	School	Completed				
	Please include all stu	idents that need to be enrolle	<u>d.</u>						
	Yellow - Indicates t	hat person is missing required	d information. Select the	highlighted row to contin	ue.				- 1
	 Indicates that p 	erson is completed.							
	Add New Student								
	Back								

- Complete the form
- > Upload a copy of the Birth Certificate this is a digital copy (can be a photo or PDF)
- > Upload a copy of the Social Security Card this is a digital copy (can be a photo or PDF)
 - This is only required for high school students to participate in the KEES Money program.
- Click the small Next button to move forward

Campus Online Re	gistration				Application N	umber	
Indicates a required field	Household V F	Parent/Guardian	✓ Emergency Co	ntact	▼ Student	Completed	
Student Name: Goof	y Mouse						
Legal First Name Legal Middle Name	Goofy	names without a dash in * Gender Birth Date	Male 💙 *	ā.*	Enrollment Grade School*	05 V * Lincoln Elementary School V	
Legal Middle Name Legal Last Name Suffix	Mouse	* Date Entered U.S. Foreign Exchange*		Q	School*	Lincoln Elementary School ¥	
Nickname Student Cell Number Student Email Address			reign exchange studer a foreign exchange stu				
Please upload a Upload Birth							
	Social Security C	ard					
	al Security Card					ß	

- Select the Race Ethnicity
- > Click the small Next button to move forward

inuicates a requireu neiu	
Student(s) Primary Household	dian
Student Name: Goofy Mouse	
> Demographics	
 Race Ethnicity 	
Is Hispanic/Latino No 💙 *	
"Please check all that apply. If not Hispanic, at least one is require	red.
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
Native Havaiian or Other Pacific Islander White Previous Next >	
Vhite Previous Next >	
White Previous Next > Transportation	ł
White	J
White	J
White	J
White Previous Next > Transportation Student Learning Student Services Language Information	Q
White	5
White Previous Next > Transportation Student Learning Student Services Language Information Previous School	J
White Previous Next Provious Next Provious Student Learning Student Learning Gamma Services Language Information Previous School Relationships - Parent/Guardians Relationships - Emergency Contacts	₽
White Previous Next > Transportation Student Learning Student Learning Student Services Language Information Previous School Relationships - Parent/Guardians	J

Select the Learning Preference here

> Click the small Next button to move forward

	Registration - Profile 1 - Microsoft Edge				
ht	tps:// kyede3.infinitecampus.org /campus/olr2/coreOLR/portal/shell.xsl?x=olr2.Olr2Outline&mode=onlineregistration&appl	icatio	nMod	e.	
	Race Ethnicity				
	> Transportation				
Ŀ	▼ Student Learning				
	What is your preference for your student's environment for the upcoming school year?				
	Return to school building				
	Combination of in-person and online				
	Attend school online				
	Previous Next				
	> Housing				
	> Student Services				
	Language Information				
	Previous School				
	Relationships - Parent/Guardians				
	Relationships - Emergency Contacts				
	Health Services - Emergency Information				
	Health Services - Medical or Mental Health Conditions				
	Health Services - Medications				
	> Release Agreements				
	> OTC Medications				
	FERPA Notice				
Ē	FERPA Directory Agreement				
F	> Student Device Use Agreement				
ī	Cancel Save/Continue				

- Select your housing.
 - If homeless, select your living situation
- Click the small Next button to move forward

 Transportation Student Learning Housing Yes, this student is homeless (example: Your family living with relative or friend in their home)? Yes, this student is not homeless Yes this student is not homeless Yes this services Yes this services - Servert/Guardians Relationships - Parent/Guardians Health Services - Medications Health Services - Medications Health Services - Medications Yes the student is not the services - Medications Yes the services - Medications YESPA Intercev yagesment 	Ŷ	
	n	
 Yes, this student is nonveless (example: Your family living with relative or friend in their home)? No, this student is not homeless No. this student is not homeless Student Services Language Information Previous School Relationships - Parent/Guardians Relationships - Parent/Guardians Relationships - Emergency Information Health Services - Medical or Mental Health Conditions Health Services - Medical or Mental Health Conditions Health Services - Medical or Mental Health Conditions Relationships - Intergency Information Tot Medications Selease Agreements OTC Medications 	ning	
Revious Next >> Student is not homeless Previous Next >> Student Services Language Information Previous School Relatonships - Parent/Guardians Relatonships - Parent/Guardians Relatonships - Energency Contacts Health Services - Medical or Hental Health Conditions Health Services -		
 Language Information Previous School Relationships - Parent/Guardians Relationships - Emergency Contacts Relationships - Emergency Information Health Services - Medical or Mental Health Conditions Health Services - Medications Release Agreements Ort Medications FERPA Notice 	Next >	
 > Previous School > Relationships - Parent/Guardians > Relationships - Emergency Contacts > Health Services - Emergency Information > Health Services - Medications > Health Services - Medications > Arelases Agreements > OTC Medications > FERPA Notice 	ces	
Relationships - Parent/Guardians Relationships - Emergency Contacts Health Services - Emergency Information Health Services - Medications Health Services - Medications Ort Medications FERPA Notice	ormation	
Relationships - Emergency Contacts Health Services - Emergency Information Health Services - Medications Health Services - Medications Release Agreements OTC Medications FERPA Notice	loc	
Health Services - Emergency Information Health Services - Medical or Mental Health Conditions Health Services - Medicator Mental Health Conditions Kelease Agreements Ort Medications FERPA Notice	- Parent/Guardians	
Health Services - Hedical or Mental Health Conditions Health Services - Medications Health Services - Medications Release Agreements OTC Medications FERPA Notice	- Emergency Contacts	
Health Services - Medications Release Agreements OTC Medications FERPA Notice	es - Emergency Information	
Release Agreements OTC Medications FERPA Notice	es - Medical or Mental Health Conditions	
> OTC Medications > FERPA Notice	es - Medications	
> FERPA Notice	ements	
	ons	
> FERPA Directory Agreement		
, rear process regionance	ory Agreement	
Student Device Use Agreement	e Use Agreement	
Cancel Save/Continue	Save/Continue	

Select your student's services

> Click the small Next button to move forward

Registration - Profile 1 - Microsoft Edge		- C
tps://kyede3.infinitecampus.org/campus/olr2/core Demographics	eOLR/portal/shell.xsl?x=olr2.Olr2Outline&mode=onlineregistration&applic	ationM
Race Ethnicity		
Transportation		
Student Learning		
Housing		
 Student Services 		
Does your student have a current 1 Does your student have a current 594 pl Has your student previously received gifted/talented servic	lan? No 💙 *	
Language Information		
Previous School		
Relationships - Parent/Guardians		
Relationships - Emergency Contacts		
Health Services - Emergency Information		
Health Services - Medical or Mental Health Conditions		
Health Services - Medications		
Release Agreements		
OTC Medications		
FERPA Notice		
FERPA Directory Agreement		
> Student Device Use Agreement		
Cancel Save/Continue		

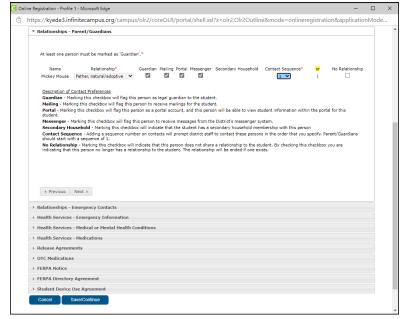
- Select your child's language
- > Click the small Next button to move forward

Student Learning			
> Housing			
Student Services			
▼ Language Information			
Please enter language information for your student below.			
What Language does your child most frequently speak at home?	English	~	
What language do you most frequently speak to your child?	English	~	
Which language did your child learn when they first began to talk?	English	*	
What is the language most frequently spoken at home?	English	~	23
Has your child ever received English as a Second Language (ESL/ELL) services?	No 💙		
Relationships - Emergency Contacts			
Health Services - Emergency Information			
Health Services - Medical or Mental Health Conditions			
Health Services - Medications			
Release Agreements			
> OTC Medications			
> FERPA Notice			
FERPA Directory Agreement			
Student Device Use Agreement			
Student Device Use Agreement Cancel Save/Continue			

- > Enter the previous school information here
- > If you have a transcript or report card, you can upload it here
- Click the small Next button to move forward

Previous School				
Please enter information	regarding this student's prior schoo			
Last Year				
School	Disney Elementary			
City	Disney Park			
State	CALIFORNIA	~		
Country	United States	*		
Phone	(859)555 - 1222			
Upload Tran	script or report card	student.		
∢ Previous Next ► Relationships - Parent	/Guardians			
Previous Next	/Guardians ency Contacts			
4 Previous Next + Relationships - Parent Relationships - Emerg Health Services - Eme	/Guardians ency Contacts			
4 Previous Next + Relationships - Parent Relationships - Emerg Health Services - Eme	/Guardians ency Contacts rgency Information ical or Hental Health Conditions			
4 Previous Next + Relationships - Parent Relationships - Emerg Health Services - Emer Health Services - Medi	/Guardians ency Contacts rgency Information ical or Hental Health Conditions			
4 Previous Next + Relationships - Parent Relationships - Emerg Health Services - Emer Health Services - Medi Health Services - Medi	/Guardians ency Contacts rgency Information ical or Hental Health Conditions			
4 Previous Next + Relationships - Parent Relationships - Emerg Health Services - Medi Health Services - Medi Release Agreements	/Guardians ency Contacts rgency Information ical or Hental Health Conditions			
Previous Next + Relationships - Parent Relationships - Emerg Health Services - Medi Health Services - Medi Releath Services - Medi Releath Services - Medi Release Agreements OTC Medications	/Guardians ency Contacts rgency Information ical or Mental Health Conditions ications			

- Select your relationship to the student here
- Click the small Next button to move forward



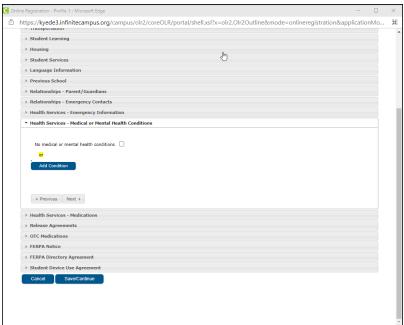
- Select the Emergency Contact(s) relationship to the student here
- Click the small Next button to move forward

Previous School				
Relationships - Parent/Gu	ardians			
 Relationships - Emergenc 	y Contacts			
A minimum of (1) Emergen	cy Contacts are required*			
Name	Relationship*	Contact Sequence*	or	No Relationship
Donald Duck	Uncle 🗸	2 🗸	1	
Description of Contact Pre	ferences			
Contact Sequence - Add should start with a sequer	ing a sequence number on contacts will promp	t district staff to contact these persons	in the order that yo	u specify. Parent/Guardians
No Relationship - Markir indicating that this person	ng this checkbox will indicate that this person d no longer has a relationship to the student. Th	oes not share a relationship to the stud e relationship will be ended if one exist	ent. By checking th s.	is checkbox you are
No Relationship - Markir indicating that this person	ig this checkbox will indicate that this person d	oes not share a relationship to the stud le relationship will be ended if one exist	ent. By checking th s.	is checkbox you are
No Relationship - Markir indicating that this person	ig this checkbox will indicate that this person d	oes not share a relationship to the stud le relationship will be ended if one exist	ent. By checking th s.	is checkbox you are
No Relationship - Markir indicating that this person	ig this checkbox will indicate that this person d	oes not share a relationship to the stud le relationship will be ended if one exist	ent. By checking th s.	is checkbox you are
No Relationship - Markir indicating that this person	ig this checkbox will indicate that this person d	oes not share a relationship to the stud e relationship will be ended if one exist	ent. By checking th s.	is checkbox you are
No Relationship - Markir indicating that this person	ig this checkbox will indicate that this person d	oes not share a relationship to the stud e relationship will be ended if one exist	ent. By checking th s.	is checkbox you are
No Relationship - Markin indicating that this person	ig this checkbox will indicate that this person d	oes not share a relationship to the stud e relationship will be ended if one exist	ent. By checking th s.	is checkbox you are
A Previous Next +	ig this checkbox will indicate that this person d no longer has a relationship to the student. Ti	ces not share a relationship to the stud e relationship will be ended if one exist	ent. By checking th s.	is checkbox you are
indicating that this person (Previous Next) Health Services - Emergen	ig this checkbox will indicate that this person of no longer has a relationship to the student. Th sky Information	oes not alware a relationship to the stud	ent. By checking th s.	is checkbox you are
indicating that this person indicating that this person if Previous Next + Health Services - Emergen Health Services - Medical	ig this checkbox will indicate that this person of no longer has a relationship to the student. Th we will be a state of the student of new Information or Mental Health Conditions	ces not share a relationship to the stud	ent. By checking th	is checkbox you are
Indicating that this person I Previous Next + Health Services - Emergen Health Services - Medicat	ig this checkbox will indicate that this person of no longer has a relationship to the student. Th we will be a state of the student of new Information or Mental Health Conditions	ces not share a relationship to the studionship will be ended if one exist	ent. By checking th s.	is checkbox you are
Indicating that this person A Previous Next + Health Services - Emergee Health Services - Medicat Health Services - Medicat	ig this checkbox will indicate that this person of no longer has a relationship to the student. Th we will be a state of the student of new Information or Mental Health Conditions	cee not share a relationship to the stud	ent. By checking th s.	is checkbox you are
Indicating that this person I previous Next + Health Services - Emerger Health Services - Medical Release Agreements OTC Medications	ig this checkbox will indicate that this person of no longer has a relationship to the student. Th we will be the student of the student of network of the student of the student of the student of network of the student of the s	ces not share a relationship to the stud	ent. By checking th	is checkbox you are
Health Services - Emerger Health Services - Medical Health Services - Medical Release Agreements OTC Medications FERPA Notice	ig this checkbox will indicate that this person d no longer has a relationship to the student. Th ncy Information or Mental Health Conditions ions	ces not share a relationship to the stud	ent. By checking th s.	is checkbox you are
Health Services - Emerger Health Services - Medical Health Services - Medical Release Agreements FERPA Notice FERPA Directory Agreeme	ig this checkbox will indicate that this person of no longer has a relationship to the student. Th scy Information or Mental Health Conditions ions	ces not share a relationship to the stud	ent. By checking th	is checkbox you are
Health Services - Emergen Health Services - Emergen Health Services - Medical Health Services - Medical Health Services - Medications OTC Medications FERPA Directory Agreeme Student Device Use Agree	ig this checkbox will indicate that this person of no longer has a relationship to the student. T way information or Mental Health Conditions ions	ces not share a criationship to the stud	ent. By checking th	is checkbox you are
Health Services - Emerger Health Services - Medical Health Services - Medical Release Agreements FERPA Notice FERPA Directory Agreeme	ig this checkbox will indicate that this person of no longer has a relationship to the student. T way information or Mental Health Conditions ions	ces not share a relationship to the stud	ent. By checking th	is checkbox you are

- Complete Health Provider information here
- We have on-site Medical and Dental Services through our partner Healthpoint. The form can be downloaded here, printed, completed, and sent to your student's school
- Click the small Next button to move forward

Housing	
Student Services	
Language Information	
Previous School	
Relationships - Parent/Guardians	
Relationships - Emergency Contact	s
* Health Services - Emergency Infor	mation
Primary Care Provider	
Primary Care Phone	
	entation directly to the school nurse regarding any and all health conditions/concerns and rovide immunization documentation at your registration appointment.
	vices provided by Healthpoint. The packet is located here:
Healthpoint Health/Dental Packet	
	hool nurse if you would like to participate.
	hool nurse if you would like to participate.
Print, complete, and provide to the so	
Print, complete, and provide to the sc	
Print, complete, and provide to the so	
Print, complete, and provide to the so (Previous Next) Health Services - Medical or Menta Health Services - Medications	
Print, complete, and provide to the so 4 Previous Next > > Health Services - Medical or Menta > Health Services - Medications > Release Agreements	
Print, complete, and provide to the so (Previous Next) > Health Services - Medical or Menta > Health Services - Medications > Release Agreements > OTC Medications	I Health Conditions
Print, complete, and provide to the so (Previous Next) > Health Services - Medical or Menta > Health Services - Medications > Release Agreements > OTC Medications > FERPA Notice	
Print, complete, and provide to the sc (Previous Next) Health Services - Medical or Menta Health Services - Medications Release Agreements OTC Medications FERPA Notice FERPA Directory Agreement	I Health Conditions
Print, complete, and provide to the so (Previous Next) Health Services - Medical or Menta Health Services - Medications Release Agreements OTC Medications FERPA Notice FERPA Notice Student Device Use Agreement	I Health Conditions

- Next, add any medical or mental health conditions here by clicking the Add Condition button
- > If none, check the checkbox next to *No medical or mental health conditions*
- > Click the small Next button to move forward



- > Now, add any medications required here by clicking the Add Medication button
- > If none, click the checkbox next to *No medications*
- > Upload a copy of the Kentucky Immunization Certificate here
- Click the small Next button to move forward

Language Inform	
Previous School	
Relationships - F	nt/Guardians
 Relationships - I 	
	regency Information
Health Services	dical or Mental Health Conditions
▼ Health Services	dications
Add Medication	Where Taken" Medication Type" Comments and Instructions
	a copy of immunization records. munizations
1 Presidente	
Previous	
Previous Release Agreem	
Release Agreem	
 Release Agreem OTC Medications 	

- Select the Media and Field Trip options here
- Open the District Technology Use Policy to review the policy. This will open a new page and will not overtake your registration.
- Click the Agree checkbox
- Sign in the provided signature box
- Click the small Next button to move forward

	Health Services - Medications
Ŀ	▼ Release Agreements
	Hedia Tenzia ta . I consent for my chief's image, voice, and/or name to be used in school publications including but not limited to: yearbook, class picture, school reverpager, and website. Please note that you must also approve the release of directory information for a student's image, voice, and/or name to be used in
	O 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.
	Field Trip () Yes - I give permission for my child to attend school-related field trips.
	No - I do not consent for my child to participate in School and/or District approved field trips.
	Technology
	I agree to the Technology acceptable use policy.
	District Technology Use Policy
	https://www.davton.kvschools.us/docs/district/distfiles/08s2323.odf Please sign on the line below
	Clear 4 Previous Next >
	> OTC Medications
	> FERPA Notice
	FERPA Directory Agreement
	Student Device Use Agreement
i	Cancel Save/Continue

This consent allows the school to provide medications. The Over the counter medications permission form is required to be completed and sent to the school nurse

_

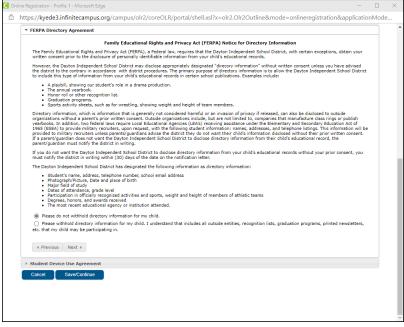
Click the small Next button to move forward

Release Agreements		
• OTC Medications		
	DAYTON	
	INDEPENDENT	
	- SCHOOLS -	
	School Policy for Dispensing Medications	
	ications should be given at home. given unless the required form has been filled out and is returned to the school office by the parent/guardian and/or physician.	
No medication will be	given unless it is in the proper container. No envelopes, baggies or anything except the original container will be accepted. cations will only be given with a physician's signature.	
Prescription medicatio	ns will have the proper forms filled out before dispensing. The parent or guardian is responsible for notifying the school nurse wi is. A new medication form must be filled out with the new dosage.	th
6. No medication will be	s. A new medication form must be mile out with the new dosage. kept with the child during school unless a physician has written that it is Id keep the medication on them at all times. (i.e. inhaler)	
	is each the medication on them at all times. (i.e. innaler) sent home with the student unless they are 18 years old, or the bottle is	
	ons call the school nurse at (859) 392-7004.	
Parents:	ona can che achor nellae de (655) 552 7004.	
	medication your son/daughter will be taking at school. When sending over the counter pain relievers (Advil, Tylenol etc.) please he bottle.	put
Please download, print, comp Counter Medications Permissi	ete and return to your child's school if you are giving the school permission to administer Over the Counter medications: Over T	he
	e school to administer Over the Counter Medication.	
O No, I do not consent to a	llow the school to administer Over the Counter Medication.	
4 Previous Next ►		
FERPA Notice		
FERPA Directory Agreement		
Student Device Use Agreem	ent	
Cancel Save/Continue		

- FERPA Notice is required to be reviewed. Please ready carefully
- Click the checkbox after reading the Notice
- Click the small Next button to move forward

to	s:// kyede3.infinitecampus.org /campus/olr2/coreOLR/portal/shell.xsl?x=olr2.Olr2Outline&mode=onlineregistration&applicati	iont
-	or in violation of the student's privacy or other rights.	0111
	Parents or eligible students may ask the Dayton Independent School District to amend a record that they believe is inaccurate, misleading, or in violation of privacy or other rights. They aloud write the school principal, bearly identify they part of the record they want thanged, and specify with a inaccurate, privacy or other rights. They aloud write the school principal, bearly identify they part of they want thanged, and specify with a inaccurate, privacy or other rights. They aloud write the school principal, bearly identify they part of they want thanged, and specify with a inaccurate, privacy of the school principal in other they are not end to be aloud to the school and school bearly of the school and school brain they are school brain they are school brain to be aloud to be parent or eligible student of the notified of the right to a shearing.	or
	4) The right to provide written consent prior to disclosures of personally identifiable information contained in the student's education records, except to the extent that FERPA authorizes disclosure without consent.	
	Exception that permits disclosure without consent includes:	
	a. disclosure to school officials with legitimate educational interest. A "school official" is a person employeed by the Dayton Independent School Diarita as an administrator, supervisor, instructior, or support staff, member (including length or medical staff and law enforcement unit personnel); a person enrouge on the school bards; a solutitete, or an outside person or company with whom the Dayton Independent School Diarita has an school bards; a solutitete, such as a disciplinary or greatence tackets and a storme, sublice medical conclustor, to interpret the interpret or lawder steriory and official school bards; a solutitete, such as a disciplinary or greatence review an education record in order to Infill high's professional responsibility. This may include contracted, somethat the solution to ensert to discust service and school bards; a solution and school bards;	
	State agencies may be permitted access to student record information, which will depend on the authority granted to their particular agency. 5) The right to notify the Dayton Independent School District in writing to withhold information, the Board as designated as directory information as listed in the nanual directory information role the Dayton Independent School District provides to azents/eliaible students.	n
	To exercise this right, parent/eligible student shall notify the Dayton Independent School District by the deadline designated by the Dayton Independent School District.	
	6) The right to prohibit the disclosure of personally identifiable information concerning a student to recruiting representatives of the U.S. Armed Forces and its service academies, the Kentucky Air National Guard, and the Kentucky Army National Guard.	
	Unless the parent or secondary school student request in writing that the Dayton Independent School District not release information, the student's name, address, and telephone number (if listed) shall be released to Armed Forces recruiters upon their request. (See Student Directory Information Notification)	
	7) The right to file a complaint with the U.S. Department of Education concerning alleged failures by the Dayton Independent Schools District to comply with the requirements of FERPA.	
	The name and address of the office that administers FERPA is:	
	Family Policy Compliance Office U.S. Department of Education 400 Maryland Avenue SW Washington, DC 27020-4605	
	I have read the FERPA Notice.	
	4 Previous Next >	

- Under FERPA, you have the right to withhold directory information. Please read this carefully and select the option you would like: *Note* if you select to withhold directory information here, you must have selected No under the Media Release
- Click the small Next button to move forward



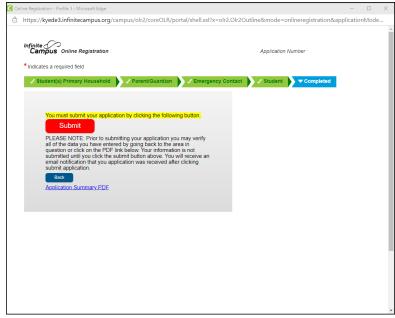
- We provide students a device for use in their classroom and at home. These devices are for instructional use – classroom/homework. Please read this Pledge carefully
- Click the checkbox once you have read the agreement
- Click the Save/Continue button to move forward

On	line Registration - Profile 1 - Microsoft Edge	-		×
Ô	https://kyede3.infinitecampus.org/campus/olr2/coreOLR/portal/shell.xsl?x=olr2.Olr2Outline&mode=onlineregistration&applicationwapplicatio	ication	Mode.	
	FERPA Directory Agreement			
	* Student Device Use Agreement			
	Dayton Independent Schools Student Pledge for Device Use			
	1: I will bring my device to school each day 1 an in attendance. 2: I am responsible for the carse and protection of my device at all times. 2: I am responsible for the carse and protection of my device at all times. 3: I am responsible for the carse and protection of my device at all times. 4: I understand my device is for deutational time. 3: I will charge my device a subject to and drink. 7: I will report which any device to all drink. 7: I will report which any device to all drink. 7: I will report which any device to all drink. 7: I will report which any device to all drink. 7: I will report which any device to all drink. 7: I will report which any device to all drink. 7: I will report which any device to all drink. 7: I will report which any device to all drink. 7: I will report which any device to all drink. 7: I will report which any device to all drink. 7: I will report which any device to all drink. 7: I will report which any device to all drink any device. 7: I und report went openings or brancede system in unbeers of my device. I will keep brancede system in the Acceptable Use Policy and Proper Use Policy at all times. 7: Student Acknowleddement 7: Student Acknowleddement 7: I all reports outlined in the Acceptable Use Policy. Proper Use Policy, and the Student Pledge for Device Use. 7: Branct Acknowleddement Plemasion 7: Acceptable Use Policy. Proper Use Policy, and the Student Pledge for Device Use. 7: Branct Acknowleddement Plemasion 7: Acceptable Use Policy. Proper Use Policy, and the Student Pledge for Device Use. 7: Branct Acknowleddement Plemasion 7: Acceptable Use Policy. Proper Use Policy, and the Student Pledge for Device Use. 7: Branct Acknowleddement Plemasion 7: Acceptable Use Policy and grave with the stipulations outlined in the Acceptable Use Policy and Stude 7: Branct Acknowleddement Plemasion	ent		
	Piedge for Device Use. I understand that internet usage will only be filtered while on school premises. (Full Acceptable Use Policy is located district website: www.dyton.kyschools.su) Note: This agreement will be in effect from the date of student enrollment until graduation, withdrawal from Dayton Independent School District, or until chi to the agreement are made.			
	"First incident would not be intentional damage to the device.			
	Full Use Agreement located here: Responsible Use Policy for Technology			
	Information on our Digital Conversion is located: Digital Conversion			
	I have read the above agreement and agree to review the agreement with my child.			
	4 Previous			
	Cancel Save/Continue			

- Click Add New Student to add another student. You would complete the same form for each additional student you are registering.
- If none or have completed adding all eligible students, Click the Save/Continue button to move forward

nline Registration - Prof	file 1 - Microsoft Ed	ge					- 🗆
https://kyede3.i	infinitecampus.	org/campus	s/olr2/coreOLR/portal/shel	l.xsl?x=olr2.Olr2C	utline&mode=onl	ineregistration&appli	cationMode.
Infinite Campus	Online Registrat	ion			Application Nu	imber ·	
* Indicates a requ	uired field						
Student(s)	Primary House	iold	Parent/Guardian 🔶 🗸 En	nergency Contact	▼ Student	1 Completed	
Student							
First Name	Last Name	Gender	School	Completed			
Goofy	Mouse	м	Lincoln Elementary School	1	Edit/Review		
Add New Stud	hat person is comp lent						
Back	Save/Continue						

- You can download the Application Summary here. Review the Summary and correct anything you need by clicking the Back button
- > If finished with this registration, click the Submit button



Once this application is submitted, it is sent to the school(s) selected. They will process the application and may contact you if additional information is needed.