

# Infinite Campus On-Line Registration

Screenshots and Notes

# Overview

Shakopee Public School District now offers the option to complete a new student registration on-line.

This system can be accessed here:

<https://shakopeedmn.infinitecampus.org/campus/OLRLoginKiosk/shakopee>

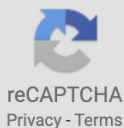
The purpose of this document is to provide a screen-by-screen preview of the application, hopefully making it easier to gather information ahead of time or to think about what additional information may need to be sent in to the district to complete the registration.

Please complete the information below to begin the registration process.

Parent/Guardian First Name	<input type="text"/>	*
Parent/Guardian Last Name	<input type="text"/>	*
Parent/Guardian Date of Birth (MM/DD/YYYY)	<input type="text"/>	*
Registration Year	<input type="text" value="v"/>	*
Email Address	<input type="text"/>	
Previously Attended this District	<input type="checkbox"/>	
Confirmation Number	<input type="text"/>	*

Please click the box below.

I'm not a robot



Begin Registration

**ONLINE REGISTRATION KIOSK**

**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

Welcome to the Infinite Campus Online Registration. 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.

You will also need the following information to complete a new enrollment. These items can be sent or dropped off at:

Shakopee Public Schools District Office

Welcome Center

1200 Town Square

Shakopee, MN 55379

- Proof of child's age - birth certificate or passport
- Immunization records
- Name of previous school
- Special education information (if applicable)

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-xxxx.

If you need assistance, please call (952) 496-5029 during business hours or leave a message and a representative will be back in touch with you the next business day.

Copies of our enrollment forms can be found on the district's [Enrollment Forms](#) page.

Begin

\* Indicates a required field



▼ Home phone

Home Phone

( 555 ) 555 - 5555 \*

Voice








Text(SMS)








Contact Preferences

Emergency

High Priority

Attendance

General

Food Service

Teacher

Unlisted

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.

**General** - Marking this checkbox will use this method of contact for general school messages, such as those sent by the school or district.

**Food Service** - Marking this checkbox will use this method of contact for food service messages

**Teacher** - Marking this checkbox will use this method of contact for teacher-sent messages, including messages regarding failing grades and missing assignments.

**Unlisted** - Mark if number should be noted as unlisted

Next ▶

\*Please verify or add the information below. Please update any information that is incorrect. Please do not enter the entire address into the street name field.

**Example:** If you live at 1234 East Sesame Street, 1234 should be entered into the Street Number field, E should be entered into the first N,S,E,W field, Sesame should be entered into the Street Name Only field, and St should be entered in the St,Ave,Bld,etc. field.

Street Number 1245 *	Street Name Only Shakopee *	St, Ave, Blvd, etc. Ave ▾	N,S,E,W E ▾	Apartment 230
City Shakopee *	State MN ▾ *	Zip 55379 *	Ext. <input type="text"/>	County <input type="text"/>

Clear Address Fields

Click on your address if it appears in box

You must select an address from the list above.

Your address as entered above  
1245 Shakopee Ave E Apt. 230  
Shakopee, MN 55379

Please upload documentation such as a utility bill to prove residence in the district.

This item can also be sent or dropped off at:  
Shakopee Public Schools District Office  
Welcome Center  
1200 Town Square  
Shakopee, MN 55379

Upload Proof of Residence

Note that this screen is shown as the expanded version - only appears this way if the “household has no separate Mailing Address” checkbox is unchecked.

▼ **Mailing Address**

If you **do not** have a separate mailing address, please make sure the box below is checked. If you do have a separate mailing address, please uncheck the box and enter your address.

The household has no separate Mailing Address

Post Office Box <input type="checkbox"/>	Street Number <input type="text"/>	Street Name Only <input type="text"/>	St, Ave, Blvd, etc. <input type="text"/>	N,S,E,W <input type="text"/>	Apartment <input type="text"/>
City <input type="text"/>	State <input type="text"/>	Zip <input type="text"/>	Ext. <input type="text"/>	County <input type="text"/>	

Clear Address Fields

Click on your address if it appears in box

Your address as entered above

◀ Previous

✓ Student(s) Primary Household

▼ Parent/Guardian

✓ Emergency Contact

✓ Other Household

✓ Student

! Completed

## Parent/Guardian

First Name	Last Name	Gender	Completed	
Teddy	Roosevelt	M	✓	<a href="#">Edit/Review</a>

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.



## Parent/Guardian Name: Teddy Roosevelt

### ▼ Demographics

Enter the **legal parent/guardian** you wish to enter. Please review and complete the following:

First Name	<input type="text" value="Teddy"/> *
Middle Name	<input type="text"/>
Last Name	<input type="text" value="Roosevelt"/> *
Suffix	<input type="text" value="▼"/>
Birth Date	<input type="text" value="01/01/1980"/> <input type="button" value="🔍"/> *
Gender	<input type="text" value="Male"/> ▼ *

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

1245 Shakopee Ave E 230  
Shakopee, MN 55379

Next ▶

▼ Demographics

Enter the **legal parent/guardian** you wish to enter. Please review and complete the following:

First Name	<input type="text" value="Teddy"/>	*
Middle Name	<input type="text"/>	
Last Name	<input type="text" value="Roosevelt"/>	*
Suffix	<input type="text" value="▼"/>	
Birth Date	<input type="text" value="01/01/1980"/>	<input type="button" value="Q"/> *
Gender	<input type="text" value="Male"/>	▼*

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

1245 Shakopee Ave E 230  
Shakopee, MN 55379

I will not provide an address for this parent.

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 enter the entire address into the street name field.

**Example:** If you live at 1234 East Sesame Street, 1234 should be entered into the Street Number field, E should be entered into the first N,S,E,W field, Sesame should be entered into the Street Name Only field, and St should be entered in the St,Ave,Bldv,etc. field.

Street Number	Street Name Only	St, Ave, Blvd, etc.	N,S,E,W	Apartment
<input type="text"/>	<input type="text"/>	<input type="text" value="▼"/>	<input type="text" value="▼"/>	<input type="text"/>
City	State	Zip	Ext.	County
<input type="text"/>	<input type="text" value="▼"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Click on your address if it appears in box

Phone Number (  )  -

At least one Phone Number is required.\*

Enter the contact information and how you'd prefer to receive the different types of messages we will send you. Please note: If the box is unchecked, you will not receive messages for that type of item. These settings can always be changed using the parent portal.

		Contact Preferences					
		Emergency	High Priority	Attendance	General	Food Service	Teacher
Cell Phone	( 555 ) 555 - 5599 *	Voice <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
		(SMS)Text <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Phone	( ) - x						
Other Phone	( ) - x						
Email	*troosevelt@deadprez.net	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>or</b>							
Has no e-mail	<input type="checkbox"/>						
Secondary Email							

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.

**General** - Marking this checkbox will use this method of contact for general school messages, such as those sent by the school or district.

**Food Service** - Marking this checkbox will use this method of contact for food service messages

**Teacher** - Marking this checkbox will use this method of contact for teacher-sent messages, including messages regarding failing grades and missing assignments.

▼ **Migrant Worker**

Has this person, within the past 36 months, relocated with the intent to obtain seasonal or temporary employment in agriculture, fishing, and dairy or food processing work?

- Yes, this individual is a migrant worker
- No, this individual is not a migrant worker

◀ Previous

Next ▶

▼ **Military Family**

Parent/Guardian in Military

- Yes, this individual is a member of the military
- No, this individual is not a member of the military

Military Branch

\*

Military Status starting literal

\*

Start Date

\*

◀ Previous

✓ Student(s) Primary Household

✓ Parent/Guardian

▼ Emergency Contact

✓ Other Household

✓ Student

! Completed

## Emergency Contact

First Name

Last Name

Gender

Completed

In an emergency, significant illness or injury, if a parent/guardian cannot be reached school staff will call the Emergency Contacts listed below. Those listed must be able and willing to provide transportation and temporary care for the student. Proper identification will be required before a student is released to an emergency contact. Emergency contacts must be at least 18 years old.

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

✓ - Indicates that person is completed.

The maximum number of Emergency Contacts is 3

✓ Student(s) Primary Household

✓ Parent/Guardian

▼ Emergency Contact

✓ Student

! Completed

## Contact Name:

### ▼ Demographics

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

First Name

\*

Middle Name

Last Name

\*

Suffix

Birth Date



Gender

\*

Next ▶

## ▼ Contact Information

Enter the contact information for this emergency contact.

At least one Phone Number is required.\*

Home Phone

(  )  -

Cell Phone

(  )  -

Work Phone

(  )  -  x

◀ Previous



✓ Student(s) Primary Household

✓ Parent/Guardian

✓ Emergency Contact

▼ Other Household Members

✓ Student

! Completed

## Other Household Members

First Name	Last Name	Gender	Completed
------------	-----------	--------	-----------

Please list all other children of the Primary Household not currently enrolled or enrolling in school.

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

✓ - Indicates that person is completed.

✓ Student(s) Primary Household

✓ Parent/Guardian

✓ Emergency Contact

▼ Other Household Members

✓ Student

! Completed

Name: :

▼ Demographics

First Name  \*

Middle Name

Last Name  \*

Suffix

Birth Date

Gender  \*

✓ Student(s) Primary Household

✓ Parent/Guardian

✓ Emergency Contact

✓ Other Household Me

▼ Student

! Completed

## Student

First Name	Last Name	Gender	School	Completed	
Tiger	Roosevelt	M	Eagle Creek Elementary	✓	<a href="#">Edit/Review</a>

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.

▼ Demographics

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	<input type="text" value="Tiger"/> *	Gender	<input type="text" value="Male"/> *	Enrollment Grade	<input type="text" value="01"/> *
Legal Middle Name	<input type="text"/>	Birth Date	<input type="text" value="02/02/2014"/> *	Boundary School: Eagle Creek Elementary	
Legal Last Name	<input type="text" value="Roosevelt"/> *	Student Birth Country	<input type="text" value="United States of America"/>		
Suffix	<input type="text" value=""/>	Date Entered U.S.	<input type="text"/>		
Nickname	<input type="text" value="Rhino"/>	Foreign Exchange*			
Student Cell Number	<input type="text" value="( ) -"/>	<input type="radio"/> Yes, this is a foreign exchange student			
		<input checked="" type="radio"/> No, this is not a foreign exchange student			

Please upload documentation for proof of child's age. This could be a birth certificate or passport.

This item can also be sent or dropped off at:

Shakopee Public Schools District Office

Welcome Center

1200 Town Square

Shakopee, MN 55379

[Upload Proof of Age](#)

▼ **Race Ethnicity**

Is Hispanic/Latino \*

\*Please check all that apply. If not Hispanic, at least one is required.

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

State Race \*

The state of Minnesota is collecting Sub-Race information, for the following races: American Indian or Alaska Native, Asian, Black or African American.

Asian Sub-Race

\*

Black Sub-Race

\*

▼ Housing

- Yes, this student is homeless
- No, this student is not homeless

\*If yes, please select the option that best represents the student's current housing situation.

- Shared Housing
- Motel, hotel, trailer park, or camp ground due to lack of alternative accommodation
- In emergency or transitional shelter
- Awaiting foster care placement
- Primary nighttime residence is not ordinarily used as a regular sleeping accommodation
- Living in car, park, public space, abandoned building, substandard housing, bus or train station

Is this child in foster care?

- Yes
- No

◀ Previous

Next ▶

▼ **Student Services**

Does your student have a current IEP?

Yes ▼ \*

Does your student have a current 504 plan?

No ▼ \*

◀ Previous

Next ▶

### Minnesota Language Survey

Minnesota is home to speakers of more than 100 different languages. The ability to speak and understand multiple languages is valued. The information you provide will be used by the school district to see if your student is multilingual. In Minnesota, students who are multilingual may qualify for a Multilingual Seal upon further assessment. Additionally, the information you provide will determine if your student should take an English proficiency test. Based upon the results of the test, your student may be entitled to English language development instruction. **Access to instruction is required by federal and state law. As a parent or guardian, you have the right to decline English Learner instruction at any time.** Every enrolling student must be provided with the Minnesota Language Survey during enrollment. Information requested on this form is important to us to be able to serve your student. Your assistance in completing the Minnesota Language Survey is greatly appreciated.

#### My student first learned:

Select the phrase that best describes your student:

Language(s) other than English ▼

Indicate the language(s) other than English in space provided.

#### My student speaks:

Select the phrase that best describes your student:

English and language(s) other than English ▼

Indicate the language(s) other than English in space provided.

#### My student understands:

Select the phrase that best describes your student:

▼

Indicate the language(s) other than English in space provided.

#### My student has consistent interaction in:

Select the phrase that best describes your student:

▼

Indicate the language(s) other than English in space provided.

***Language use alone does not identify your student as an English learner. If a language other than English is indicated, your student will be screened for English language proficiency.***

\* All data on this form is private. It will only be shared with district staff who need the information to best serve your student and forlegally required reporting about home language and service eligibility to the Minnesota Department of Education. At the district and at the Minnesota Department of Education, this information will not be shared with other individuals or entities, except if they are authorized by state or federal law to access the information. Compliance with this request for information is voluntary.



### ▼ Additional Home Language Information

Please enter language information for your student below.

Parent/Guardian Language

English ▼

What is the language most often spoken at home?

English ▼

Has your child ever received English as a Second Language (ESL/ELL) services?

No ▼

Do parents/guardian need an interpreter for school meetings?

Yes

No

◀ Previous

Next ▶

▼ **Previous School**

Please enter information regarding this student's prior schools.

**Last Year**

School

City

State

 ▼

Country

 ▼

Phone

 (  )  - 

Is your student currently suspended or expelled from another school? No ▼\*

▼ **Tribal Enrollment**

- Yes, this student has an active enrollment in a United States Tribe
- No, this student does not have an active enrollment in a United States Tribe

◀ Previous

Next ▶

▼ Relationships - Parent/Guardians

At least one person but no more than two people must be marked as 'Guardian'.

Please check the Guardian box ONLY for the child's parent or legal guardian(s) as listed on the child's birth certificate or other court document.\*

Name	Relationship*	Guardian	Mailing	Portal	Messenger	Secondary Household	Contact Sequence*	or	No Relationship
Teddy Roosevelt	Father	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		1		<input type="checkbox"/>

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.

**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.

▼ **Contact Restrictions**

**Items on this screen are used to note certain restrictions to student contact or access to information.**

**STEP-PARENTS:** A signed authorization from a legal parent is required to release school information to a Step-parent. If the Step-parent in this household has the legal parent's authorization to attend Parent Conferences, meet with the student's teachers/staff, have access to the student's information via Parent Portal, make calls regarding attendance, or remove the student from school due to illness or injury, etc. - Please add the name and check the box below.

Step-Parent Name

Franklin Roosevelt

Check this box ONLY if you approve the release of information to the step-parent identified above.

**LEGAL NOTE:** If there are legal Custodial issues, Orders of Protection and/or Restraining Orders that affect your student, the legal document(s) must be supplied in order to be enforced (please attach if possible).

This item can also be sent or dropped off at:

Shakopee Public Schools District Office

Welcome Center

1200 Town Square

Shakopee, MN 55379

Upload

Please review the questions carefully. Choose the appropriate additional details.

**Has your child received immunizations in the last year?**

- Yes
- No

Type of immunization

Date received

Name of clinic

Park-Nic...

**Has your child been seriously ill or hospitalized since the last school year?**

- Yes
- No

Please name the illness or reason for hospitalization (be specific):

If he/she is still under the care of a physician, please provide the physician's name:

**Are there health services needed in school?**

- Yes
- No

Please list the services needed:

**Does your child have allergies?**

- Yes
- No

What is your child allergic to?

Health information access is limited to district health staff, who will review and follow up on a case by case basis.

What is the typical reaction?

What medications are used?

What restrictions are required for school?

**NOTES**

If your child has a food allergy, please contact the Shakopee Food Service office at (952) 496-5140.

If the allergy is SEVERE, please complete an [Allergy Action Plan Form](#), linked here or also available in the health office at your child's school. Supply medications to your child's school health office.

If your child is in Elementary school, do you want your child to sit at the Allergy Aware table in the cafeteria?

Yes

No

**Does your child have any dietary restrictions or needs?**

Yes

No

Please explain:

Also, please contact the Shakopee Food Service office at (952) 496-5140.

**Does your child have asthma?**

Yes

No

List the medications used:

Where will the medications be kept?

Home X

Self Carry X

School Health Office X

Ask your doctor to complete an [Asthma Action Plan](#) form linked here or available in the health office of your child's school. Supply medications to your child's school health office.

**Has your child had any vision problems?**

- Yes  
 No

Please explain:

**Does your child wear glasses or contacts?**

- Yes  
 No

**Has your child had any hearing problems?**

- Yes  
 No

Please explain:

**Does your child have any restriction on physical activity?**

- Yes  
 No

Please explain:

**Please be prepared to provide documentation directly to the school nurse regarding any and all health conditions/concerns and medications. You will be required to provide immunization documentation at your registration appointment.**

**If you would like an individual meeting with the School Nurse to discuss health concerns or have other questions, please call the health office at your child's school.**



▼ **Health Services - Medical or Mental Health Conditions**

No medical or mental health conditions

or

Condition* Attention Deficit Disorder/Hyper Activity (ADD/ADHD) ▼	Comments and Instructions <input type="text"/>	Remove Condition
--	---	------------------

Add Condition

▼ Health Services - Medications

No medications

or

Medication* <input type="text"/>	Where Taken* <input type="text" value="v"/>	Medication Type* <input type="text" value="v"/>	Comments and Instructions <input type="text"/>	<input type="button" value="Remove Medication"/>
-------------------------------------	--	--	---	--

▼ **Multi-Media Release Form**

**MultiMedia Release Form**

Throughout the school year, Shakopee students may have the opportunity to be photographed, videotaped and/or interviewed by school, district, local and/or national media.

The coverage of Shakopee Schools can include:

**School Building/School District**-school and district Websites, publications such as yearbooks, newsletters, school calendars, flyers, brochures, presentations and social media.

**Public Media**-such as radio, television, newspapers, magazines and online news sources.

If you **do not want to grant permission** for the release of your child's image (i.e.photograph, videotape) and interviews at school-related activities or events, please check the box below.

If you do not grant permission, the school district will not allow the release of your child's image (i.e.photograph, videotape) or the content of interviews, to the extent such activities and the release of such data is within the school district's control.

If at any time during the school year, you would like to change your decision, please contact your child's school.

Thank you for your cooperation.

**I do not give consent** for the release of images (i.e.photographs, videotape) and interviews of my child by the school district or public media during school-related activities or events.

◀ Previous

Next ▶

## Additional Info about the [Virtual Student Library Card](#).

### ▼ Virtual Student Library Card

#### Virtual Student Library Card

We are pleased to have a partnership between the Shakopee Public Schools and the Scott County Library that will provide our students with a fine-free virtual library card.

This collaboration, called the Virtual Student Library Card, ensures that public library resources can be a part of every student's learning experience. Students can benefit from access to the vast resources available through the public library, including online tutoring and homework help, research tools, eBooks, audiobooks, electronic magazines, language learning tools, and print books. This virtual card will also allow for the checkout of two physical library items.

This partnership creates a bridge between school and community resources that may help broaden students' understanding of the world, increase literacy, and provide additional structures of learning. The school district provides devices each student uses as a personal learning device, offering the ability to maximize use of the public library's resources.

The Virtual Student Library Card can be used both online and in library buildings, and will expire July 1st immediately following a student's graduation.

Students are not assessed late fines with this card, but are responsible for costs that occur from lost or damaged physical items. Students who already have library cards may use either card to checkout materials from the library.

Please note that the Virtual Student Library Card card will provide students with the same access to the full Scott County Library as does a standard-issue library card.

This opportunity is voluntary. If students or families would like to opt-out of the Virtual Student Library Card Partnership between Shakopee Public Schools and Scott County Public Library, they can simply choose not to activate their accounts. They can also fill out the digital opt-out by checking the box below. [Additional details and current information about the program are available here.](#)

**I do not want** my child to participate in the Virtual Student Library Card Partnership between Shakopee Public Schools and Scott County Library.

▼ Academy Choice

The Academies of Shakopee are small learning communities organized around areas of interest and with teachers who can make meaningful connections to their plans for the future. For more information on The Academies of Shakopee, visit <https://www.shakopee.k12.mn>.

**Students should rank order which academy they would like to be a part of from 1-5. A decision on Academy placement will be made prior to the enrollment meeting.**

Our **Arts & Communication Academy** will foster creativity, innovation, and expression that include the performing arts, visual art. Students in the graduating class of 2022 and beyond who choose this academy will need to complete a 3-course sequence in one of the following Programs of Study: Music, Management, Media Production and Recording, Publishing and Online Media, or Creative Design.

Our **Business & Entrepreneurship Academy** will offer students industry relevant experiences that will allow students creative platforms to produce ideas and products that propel the growth of local, state, national, and the global economy. Career fields include marketing, sales, finance, hospitality & tourism, management, and entrepreneurship, design, communications, and publishing. Students in the graduating class of 2022 and beyond who choose this academy will need to complete a 3-course sequence in one of the following Programs of Study: Accounting and Finance, Entrepreneurship and Business Management, Hospitality and Restaurant Management, or Marketing and Sales.

Our **Engineering & Manufacturing Academy** is a high tech, high skill, high demand area that will help students generate their own jobs and opportunities. Career fields include manufacturing, robotics, transportation, design, electronics, architecture, construction, and engineering. Students in the graduating class of 2022 and beyond who choose this academy will need to complete a 3-course sequence in one of the following Programs of Study: Architecture and Construction, Manufacturing and Fabrication Technologies, Engineering and Design, or Transportation Technologies.

Our **Health Science Academy** will provide students with the knowledge and skills to pursue this high demand industry. Health Science career fields include biomedical science, exercise science, health & wellness, nutrition, and healthcare fields. Students in the graduating class of 2022 and beyond who choose this academy will need to complete a 3-course sequence in one of the following Programs of Study: Biomedical, Public Health, Exercise Science, or Healthcare.

Our **Human Services Academy** will give students the ability to apply their coursework across all academic disciplines. Human Services courses benefit both the community and students while encouraging students to look beyond themselves to serve others. Career fields include human development, psychology, education, legal fields, law enforcement, and public services. Students in the graduating class of 2022 and beyond who choose this academy will need to complete a 3-course sequence in one of the following Programs of Study: Teaching and Educational Services, Law and Legal Services, Government and Public Policy, or Social and Mental Health Services.

Our **Science & Technology Academy** will promote students to be leaders in the construction and development of dynamic and ever-changing industries. The education will reflect the modern needs of our global society and prepare our students to successfully utilize skills that will contribute to the betterment of our community. Career fields include investigative science, mathematics, applied science & technology, computer science, and human & natural management. Students in the graduating class of 2022 and beyond who choose this academy will need to complete a 3-course sequence in one of the following Programs of Study: Renewable Energy and Electrical Systems, Information Technology Solutions, Computer Science, or Environmental Science.

Academy Choice survey shows up for NEW 10th, 11th, and 12th grade registration.

inspirations

). A



Kindergarten - About Your Child - Survey

It would be very helpful for the Kindergarten teachers to know some things about your child's needs, learning styles, past school experiences and medical concerns.

Does your child have any medical concerns?

Yes

No

Is your child on any regularly administered medication?

Yes

No

Did your child attend Head Start or a formal pre-school program?

Yes

No

If applicable, was your child's pre-school experience positive for your child?

Yes

No

Does your child work well in groups? (For example: sharing, cooperating, displaying appropriate behavior.)

Yes

No

Does your child easily accept directions from adults?

Yes

No

Has your child shown an interest in any pre-academic activities such as printing or learning the names of letters or numbers?

Yes

No

Do you have any concerns about your child beginning Kindergarten?

Yes

No

Is there anything you would like the school to know about your child such as: learning style, changes at home, etc?

Yes

No

Thank you very much for your cooperation in completing this survey. It will help the school to better plan for your child's success in Kindergarten.

“About Your Child” Survey shows up for Kindergarten registrations.

fic

✓ Student(s) Primary Household

✓ Parent/Guardian

✓ Emergency C

✓ Student

▼ Completed

You must submit your application by clicking the following button.

**Submit**

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](#)