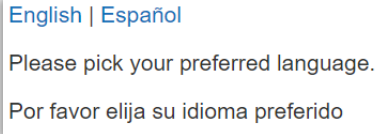


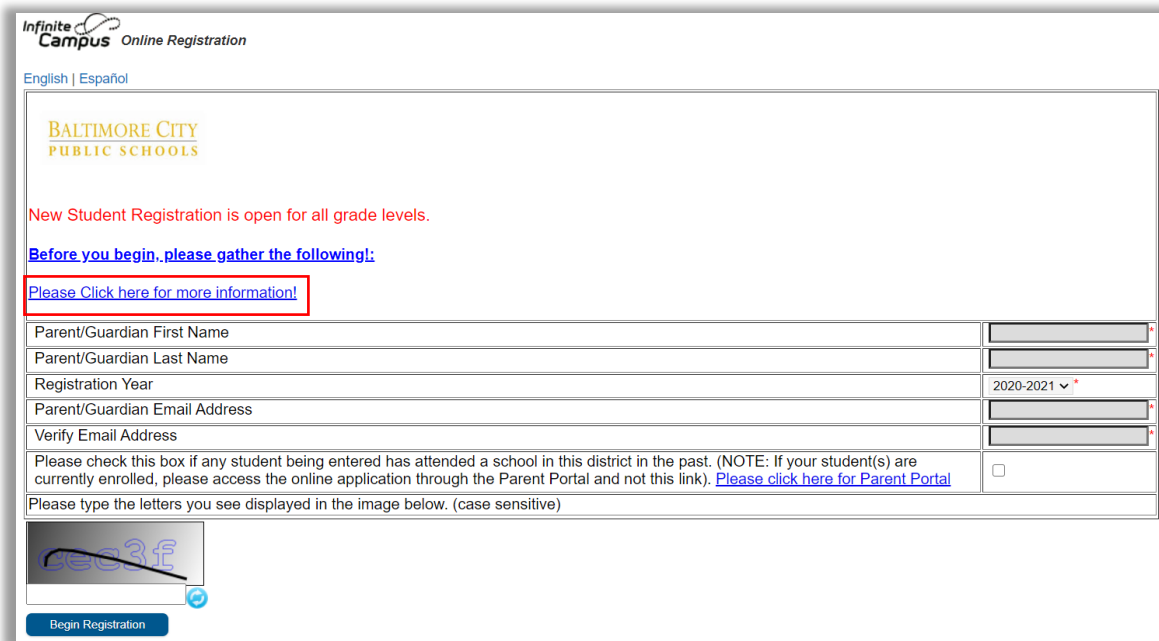
Instructions for Accessing Online Registration – NEW to Baltimore City Public Schools

If during the Online Registration process you need assistance or have a question: Please contact the enrollment official at the local school or email district office at enrollment@bcps.k12.md.us.

1. If you are *NEW* to the district or returning from another school district and *NONE* of your children currently attend Baltimore City Public Schools continue to the next step. *If you have a child currently enrolled in Baltimore City Public Schools, log into your Parent Portal account to access Online Registration.*
2. Select your preferred language. Electronic communications regarding this application will be in this language.



3. Click the “Please Click here for more information!” link to view a list of documents you will need to complete the application process.



Infinite Campus Online Registration

English | Español

BALTIMORE CITY PUBLIC SCHOOLS

New Student Registration is open for all grade levels.

Before you begin, please gather the following:

[Please Click here for more information!](#)

Parent/Guardian First Name	<input type="text"/>
Parent/Guardian Last Name	<input type="text"/>
Registration Year	2020-2021
Parent/Guardian Email Address	<input type="text"/>
Verify Email Address	<input type="text"/>
Please check this box if any student being entered has attended a school in this district in the past. (NOTE: If your student(s) are currently enrolled, please access the online application through the Parent Portal and not this link). Please click here for Parent Portal	<input type="checkbox"/>
Please type the letters you see displayed in the image below. (case sensitive)	

ee3f

Begin Registration

4. Enter your First Name, Last Name, and your valid email address. You will have to enter the email address twice. This email address will receive a message with the link to begin the application. *If you do not provide a valid email address you will not be able to complete the registration process.*

BALTIMORE CITY PUBLIC SCHOOLS

5. Indicate whether or not a student you are registering has attended Baltimore City Public Schools in the past.
 - a. If any student is RETURNING to Baltimore City Public Schools from another district check the box and continue to the next step.
 - b. If any of your children are currently enrolled in Baltimore City Public Schools, do not complete this form. Instead, click on the “Please click her for Parent Portal” to access your Online Registration through the Parent Portal.

The screenshot shows the 'Infinite Campus Online Registration' page for Baltimore City Public Schools. It includes a language selector (English | Español), the school district logo, and a message stating 'New Student Registration is open for all grade levels.' Below this are instructions: 'Before you begin, please gather the following:' and 'Please Click here for more information!'. The registration form contains fields for 'Parent/Guardian First Name', 'Parent/Guardian Last Name', 'Registration Year' (set to 2020-2021), 'Parent/Guardian Email Address', and 'Verify Email Address'. A checkbox is present with the text: 'Please check this box if any student being entered has attended a school in this district in the past (NOTE: If your student(s) are currently enrolled, please access the online application through the Parent Portal and not this link)'. A red box highlights this checkbox, with a callout box pointing to it that says 'Click here if returning from another district.' Another red box highlights the text '(NOTE: If your student(s) are currently enrolled, please access the online application through the Parent Portal and not this link)', with a callout box pointing to it that says 'Click here if you have a student currently enrolled in Baltimore City Public Schools.' At the bottom left, there is a CAPTCHA image showing 'ccc3f' and a 'Begin Registration' button.

6. After completing all necessary fields, click “Begin Registration”. You will receive a confirmation page informing you that an email with the link to the application was sent to one you entered. Open your email to view the message. If you do not see it in your inbox check your spam/junk folder.

Thank you for starting the Online Registration process. The email address you entered will receive an email shortly. That email will contain a link that will lead you to the official registration page. Thank you. **Please check your junk/spam folder**

7. The email message will explain which documents are required and how to determine your zone school. The message will also include a link to the application. Click the link to begin.

Congratulations! Welcome to the Baltimore City Public School Online Registration.

Children who turn four or five by September 1, 2020, can register for pre-k or kindergarten

Before you begin, please gather the following:!
[Please Click here for more information!](#)

Please click the link below to begin the registration process.
<https://baltimore.infinitecampus.org/campus/OLRLoginEmail/bcps?appGUID=205A3BC8-61EC-4368-A9D3-F5750CD09CEE>

Household information:- Proof of Address (only two (2) of the following examples are required)

- Complete, recent utility bill (gas, electric, water, telephone, or cable)*
- Deed or title to residential property
- Fully-executed, property sales agreement Military housing order Mortgage settlement sheet
- Original, signed (by landlord and tenant) lease agreement reflecting the name(s) of the parent(s)/guardian(s) as tenants
- Property tax bill or statement
- Recent bank or mortgage statement*
- Recent employer pay stub*
- Recent homeowner, renter, or medical insurance statement*

Zone School:- [Please Click here for your zone school information!](#)

8. Select your preferred language (again). District communications will use this selected language, if available.

English | Español

Please pick your preferred language.

Por favor elija su idioma preferido

9. Verify you are the person who is authorized to complete the application and the data you enter in it will be accurate and true to the best of your knowledge. Type your first and last name and then electronically sign on the signature line.

Infinite Campus Online Registration

BALTIMORE CITY PUBLIC SCHOOLS Application Number 5243

English | Español

BALTIMORE CITY PUBLIC SCHOOLS Welcome Michele Custom! Please type in your first and last name in the box below.

By typing your name into the box below you attest that you are the person authenticated into this application or an authorized user of this account, and the data you are entering/verifying is accurate and true to the best of your knowledge.

Please sign on the line below.

Clear Submit

Type your First and Last Name here.

Electronically sign your name here.

10. An instruction page will appear. Read it carefully and follow the instructions.

English | Español

**BALTIMORE CITY
PUBLIC SCHOOLS**

Congratulations! Welcome to the Baltimore City Public Schools Online Registration.

Children who turn four or five by September 1, 2020, can register for pre-k or kindergarten.

Before you begin, please gather the following!:

- Household information:-** Proof of Address (only two (2) of the following examples are required)
 - Complete, recent utility bill (gas, electric, water, telephone, or cable)*
 - Deed or title to residential property
 - Fully-executed, property sales agreement
 - Military housing order
 - Mortgage settlement sheet
 - Original, signed (by landlord and tenant) lease agreement reflecting the name(s) of the parent(s)/guardian(s) as tenants
 - Property tax bill or statement
 - Recent bank or mortgage statement*
 - Recent employer pay stub*
 - Recent homeowner, renter, or medical insurance statement*
 - Recent letter from Social Security Administration, Social Services, Maryland Vehicle Administration, Internal Revenue Services, or Maryland Judicial System*
- Parent information:-** home, work, and cell phone numbers, email addresses
 - Photo ID of the parent/legal guardian (driver's license, passport, alien/permanent resident card, military ID, employment authorization card, ISAP card, DHS/DOJ/DOS immigration and refugee resettlement forms)
- Student information:-** Proof of Student Identity & Age
 - Birth certificate or other government-issued document (passport, military ID, birth registration, DHS/DOJ/DOS immigration and refugee resettlement forms)
- Income information:-** Proof of Monthly Income – **Prekindergarten enrollees only (must provide name, date, amount of income for a period of one month)***
 - Earnings – wages and salary (paycheck stub, pay envelope, letter from employer stating gross wages paid and how often they are paid)
 - Earnings of self-employed business person or farmer (business or farming documents – ledger books or self-issued paycheck stub or last year's tax return)
 - Cash income (letter from employer stating wages paid and frequency and employer's contact information)*
 - Child support or alimony (copies of checks or other proof of payments received, bank statements, court decree, or notarized agreement)
 - Retirement/pension (official statement of benefits received, pension award notice)
 - R.R. benefit or railroad retirement (official statement of benefits received, railroad retirement award letter)
 - SNAP/TANF/Medicaid (SNAP/TANF documentation or signed, dated letter from the SNAP/TANF office verifying benefits)
 - Social security retirement (retirement benefit letter, official statement of benefits received, monthly check)
 - Supplemental security income (SSI) (SSI eligibility letter, SSI check, official statement of benefits received, bank statement indicating deposit into account)
 - Unemployment compensation/disability or workers' compensation (notice of eligibility from state employment office, copy of disability award letter/unemployment compensation award letter, check stub, agency records)


*Recent = within the last sixty (60) days

Zone School:- Please [Click here for your zone school information!](#)

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.

Please [Click here for more information!](#)

[Begin Online Registration/Update](#)

11. Click “Begin Online Registration/Update” to begin the application. You may need to make the window full screen. Click  in the upper right corner to make it full screen.

12. Make note of the Application Number. You will need this number to:

- a. stop and return to the application at a later date
- b. request assistance regarding the application

Infinite Campus Online Registration

**BALTIMORE CITY
PUBLIC SCHOOLS** Application Number 5243

* Indicates a required field

▼ Student(s) Primary Household ▶ Parent/Guardian ▶ Emergency Contact ▶ Other Household ▶

▼ Primary Phone

Primary Phone () - - - - -

For more information click on this link.

Next ▶

▶ Home Address

▶ Mailing Address

Save/Continue

Make note of the Application Number for future reference.

13. You must complete all of the forms in the order presented. Any field with an * (red asterisk) is required. You will not be able to move on in the application without completing all required fields. Click “Next” to move to the next pleat.

* Indicates a required field

▼ Student(s) Primary Household ▶ Parent/Guardian ▶ Emergency Contact ▶ Other Household ▶ Student ▶ Completed

▼ Primary Phone

Primary Phone () *

For more information click on this link.

Next ▶

▶ Home Address

▶ Mailing Address

Save/Continue

If you try to click “Next” before filling out required fields, you will see these validation errors. Complete all required fields before clicking “Next”

* Indicates a required field

▼ Student(s) Primary Household ▶ Parent/G

▼ Pri

* Not a valid integer
* Minimum 4 characters allowed
* Not a valid integer
* Minimum 4 characters allowed
* Not a valid integer
* Minimum 4 characters allowed

Primary Phone ()

For more information click on this link.

Next ▶

▶ Home Address

▶ Mailing Address

Save/Continue

14. On the Home Address pleat of the application you can upload the two (2) proofs of residency, proof of parent/guardian identity, and income verification. If you are unable to electronically provide the documents, please contact the enrollment official at the local school or email district office at enrollment@bcps.k12.md.us

Please upload proof of residence in the district upload 1
OLR Utility bill sample.pdf (309 KB)

Please upload proof of residence in the district upload 2

Please upload proof of parent/guardian identity

Income Verification

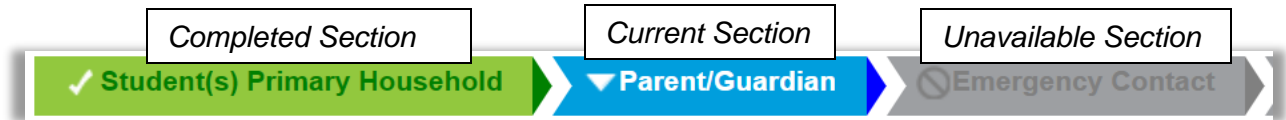
15. If you have a separate Mailing Address, uncheck the “The household has no separate Mailing Address” checkbox and complete the Mailing Address information. If you do not have a separate mailing address, click “Save/Continue”.

▼ 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".

The household has no separate Mailing Address

16. Once you have completed a section of the application, it will turn green and have a white checkmark next to it. You may return to the section at any time before submitting the application by clicking on it. Reasons you may want to return to a section:
- Information provided is incorrect and needs to be corrected
 - Documents were not available for upload at the time you completed the section but now you have them to upload



17. The next section is the Parent/Guardian section. Enter your information as the Parent/Guardian first.

The screenshot shows the 'Parent/Guardian' section of the application. At the top, there is a progress bar with three segments: 'Student(s) Primary Household' (green), 'Parent/Guardian' (blue), and 'Emergency Contact' (grey). Below the progress bar, the text 'Parent/Guardian Name: Parent Example' is displayed. Underneath, there is a dropdown menu labeled 'Demographics'. To the left of the dropdown, there are labels for 'Enter the p', 'First Name', 'Middle Na', 'Last Name', 'Suffix', 'Birth Date', and 'Gender'. A modal window titled 'Add Parent/Guardian Title' is open, containing the text 'Please add any Parent/Guardian including yourself in this area.' and an 'Ok' button.

- If you live with the student, click "Next".
- If you do not live with the student, uncheck the "Please check this box if the person lives at the address listed below" checkbox and complete the information for where you live. Click "Next".

Lives with Student

✓ Student(s) Primary Household ▼ Parent/Guardian Emergency Contact

Parent/Guardian Name: Michele Custom

▼ Demographics

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

First Name: Michele *
 Middle Name: *
 Last Name: Custom *
 Suffix: *
 Birth Date: *
 Gender: Female *

Please check this box if this person lives at the address listed below.
 123 Blessing St
 Baltimore, MD 21223

[For more information click here](#)

Next >

▶ Contact Information
 ▶ Migrant Worker

Cancel Save/Continue

Does Not Live with Student

Please check this box if this person lives at the address listed below.
 123 Blessing St
 Baltimore, MD 21223

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: * N,S,E,W: *
 Street Name: * Street Abbreviation: * N,S,E,W: * Apartment: *
 City: * State: * Zip: * Ext.: * County: *

Clear Address Fields

Click on your address if it appears in box

Phone Number: () - -

18. Enter Contact Information and Contact Preferences. *At least one phone number is required.* When completed, click "Next".

▼ Contact Information

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.

Cell Phone: () - -
 Work Phone: () - - x
 Other Phone: () - - x

Email: *mom@email.com

or

Has no e-mail:

Secondary Email: _____

Contact Preferences
 Emergency High Priority Attendance Behavior General Teacher Private

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.
Behavior - Marking this checkbox will use this method of contact for behavior messages.
General - Marking this checkbox will use this method of contact for general school messages, such as those sent by the school or district.
Teacher - Marking this checkbox will use this method of contact for teacher-sent messages, including messages regarding failing grades and missing assignments.
Private - Mark if number or email should be listed as private

19. Indicate whether or not you are a Migrant Worker. This information is used for State Reporting. When finished, click “Save/Continue”.

▼ 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 of food processing work?

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

[For more information click on this link.](#)

[← Previous](#)

Delete Cancel Save/Continue

20. If you need to add another Parent/Guardian click the “Add New Parent/Guardian” button and repeat steps 17-19. Once finished with adding Parent/Guardians, click “Save and Continue”.

✓ Student(s) Primary Household
▼ Parent/Guardian
🔄 Emergency Contact
🔄 Other Household
🔄 Student
🔄 Completed

Parent/Guardian

First Name	Last Name	Gender	Completed	
Michele	Custom	F	✓	Edit/Review
Marvin	Custom	M	✓	Edit/Review

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.

Add New Parent/Guardian
Back Save/Continue

If a parent is missing required information, the parent will be highlighted in yellow. Click the “Edit/Review” button to go into the parent/guardian’s information to add what is required.

Parent/Guardian

First Name	Last Name	Gender	Completed	
Michele	Custom	F	✓	Edit/Review
Marvin	Custom			Edit/Review

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.

! 'One or more parent/guardian(s) are missing required information. This information must be entered before moving forward.'

21. Click “Add New Emergency Contact” to add the person who is to be contacted in the event a parent/guardian cannot be reached. *Parent/Guardians should not be entered in this section.* Repeat for any additional Emergency Contacts. Click “Save/Continue”.

Emergency Contact Information

Please enter Emergency Contacts. Do not enter Parent/Guardian(s) here if already entered in Parent/Guardian section.

Ok

✓ Student(s) Primary Household
✓ Parent/Guardian
▼ Emergency Contact
Other Household
Student

Emergency Contact

First Name	Last Name	Gender	Completed
in AN EMERGENCY, if parent/guardian cannot be contacted, please call one of the following Emergency Contacts listed. Proper identification will be required before a student is released to emergency contacts.			
Yellow - Indicates that person is missing required information. Select the highlighted row to continue.			
✓ - Indicates that person is completed.			

Add New Emergency Contact
Back

Name and Contact Information are required (at least one phone number).

The Verification pleat is where you indicate where the Emergency Contact lives.

- a. If the person lives in the household with the student, check the “Please check this box if this person lives at the address listed below” checkbox.
- b. If the person does not live in the household, enter their address in the address fields.

Verification

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

Please check this box if this person lives at the address listed below.
 1 Benn Way
 Baltimore, MD 21236

or

Address Line 1
 Address Line 2

Example
 Address Line 1 - 123 S Main St Apt 4
 Address Line 2 - Schenectady, NY 12345

Lives with Student

Does Not Live with Student

22. If children live with the student and are not yet of age to attend school (Ages 0-3 years), please enter their information in the Other Household section. Otherwise, click "Save/Continue". *This is NOT where you enter the Student's information.*

Other Household

First Name	Last Name	Gender	Completed
Please list all other children of the Primary Household not currently enrolled in school.			
Yellow - Indicates that person is missing required information. Select the highlighted row to continue.			
Green checkmark - Indicates that person is completed.			

Add New Household Member (Child not currently enrolled)

Back Save/Continue

Younger child who lives with the Student but not old enough to enroll.

No younger child lives with the student

Example Other Household

Student(s) Primary Household Parent/Guardian Emergency Contact Other Household Student

Name: : Little Brother Example

Demographics

First Name Little *

Middle Name Brother

Last Name Example *

Suffix

Birth Date 01/01/2019

Gender Male *

23. Click “Add New Student” to enter the information for the student(s) to be enrolled. You will add students one at a time, completing one student before adding any additional students.

- a. Complete the Demographics pleat. Be sure to fill in all required fields.
 - i. To complete the “Zone School” field, click the “Check your Zone School”. Select the listed school for the appropriate grade of the student.

- b. If requesting a School Placement or if you have received a Placement Letter, select “Yes” from the School Placement Request drop-list. You will be asked to complete the Placement School Choice fields and to upload a Placement Letter.

Please complete this section **ONLY** if you are a high school student or would like consideration to be assigned to a school **OUTSIDE** of your zone/boundary school. All requests to be assigned outside of your zone, or to change the school assignment (transfer) **MUST** be approved by the Office of Enrollment, Choice, & Transfers (or other district offices with enrollment authority per Board Policy). Please list your preferred considerations for school assignment in ranked order. Feel free to use the comments box to explain why you are making this request.

Leave the School Blank and complete rest of the application and save it.

[Need help? click here to schedule an online appointment](#)

Placement school choice 1

Placement school choice 2

Placement school choice 3

Additional notes

If Requesting Placement or a Placement Letter has been received, complete the Placement School fields and upload the letter (if available).

If you have already received a placement letter from district office or school, please upload the document below:

[Upload Placement Letter](#)

If you need help, click the “Need help? click here to schedule an online appointment” link to schedule an online appointment.

- c. If available, upload a copy a proof the student’s age and identity (birth certificate, birth registration).

Please upload proof of student age and identity (birth certificate, birth registration)

[Upload Birth Certificate](#)

When the Demographics pleat has been completed, click “Next”.

24. Indicate whether the student takes medications or is not, click “No Medications”.

- a. To add Medications: Click “Add Medication” and enter in the required data. Comments will be visible to approval admins and nurses. Repeat if there are multiple medications a student takes.
- b. If available, please upload a copy of the student’s immunization records.

▼ Health Services - Medications

No medications

or

[Add Medication](#)

Please upload a copy of immunization records.

[Upload Immunizations](#)

No medications

or

Medication*	Where Taken*	Medication Type*	Comments and Instructions	
Albuterol	Both	As needed	Student carries inhaler at all times	Remove Medication

Click “Next” to move on to the next section. Complete all sections with necessary information and when available, upload necessary documents. When documents are uploaded they will appear similar to the image below.

Please upload a copy of immunization records.

OLR immunizations sample.jpg (60 KB) [Remove File](#)

25. When you get through to the Health Services – Medical or Mental Health Conditions pleat, indicate whether the student has a medical or mental health condition.
- If no condition exists, click the “No medical or mental health conditions” check box and click “Next”.
 - If a student has a condition:
 - Click the “Add Condition” button.
 - Select the appropriate Condition from the drop list.
 - Enter any comments/instructions (if necessary).
 - Repeat for any other conditions.
 - When finished click “Next”.

▼ Health Services - Medical or Mental Health Conditions

No medical or mental health conditions

or

Condition* Asthma	Comments and Instructions	Remove Condition
Condition* Diabetes	Comments and Instructions	Remove Condition

[Add Condition](#)

26. Complete the Student Services pleat. If the student has an IEP, 504, or GIEP, please upload a copy (if available) by clicking the “Upload Supporting Documents” button. When finished click “Next”. **Note:** Please feel free to upload other documents that you would like the enrollment officials to consider in reviewing your application.

▼ Student Services

Does your student have a current IEP? *

Does your student have a current 504 plan? *

Has your student previously received gifted/talented services? *

Please check all items below that apply to the student (please note that this information will help the school prepare needed supports):

- Child is not fully toilet trained
- Parent/guardian has a chronic illness or is disabled
- Child experienced death of a parent(s)
- Child had a birth weight of six pounds or less
- Child is/was in foster care
- Child has/had delayed speech/language
- Child has a sibling with learning difficulties
- Child had exposure to lead
- Child has/had a serious injury or trauma exposure
- Parent or sibling is receiving special education services
- Child has asthma
- Child has long-term use of medication
- Child has hearing problems
- Parent has concerns about child's development
- Child has vision problems
- Child has/is receiving speech/language therapy
- Child has/is receiving occupational therapy

Upload Supporting Documents

27. Complete the Language Information pleat. The information is for Federal and State Reporting. If a language other than English is indicated on two or more of the three required questions, the student will be assessed for English language support services. Additional criteria for testing may be considered.

▼ Language Information

In accordance with federal and state requirements, the Home Language Survey will be administered to all students and used only for determining whether a student needs English language support services and will not be used for immigration matters or reported to immigration authorities.

If a language other than English is indicated on two or more of the three questions below, the student will be assessed for English language support services. Additional criteria for testing may be considered.

Please enter language information for your student below.

Student Language	English <input type="checkbox"/> *
Home Primary Language	Abkhazian <input type="checkbox"/> *
Parent/Guardian Language	Abkhazian <input type="checkbox"/> *
What was the first language spoken by the student?	<input type="checkbox"/>
What is the language most often spoken at home?	<input type="checkbox"/>
What is the language most often spoken by the student with friends?	<input type="checkbox"/>
Has your child ever received English as a Second Language (ESL/ELL) services?	<input type="checkbox"/>

28. If the student is transferring from another school district, please provide the information for the Previous School, including whether the student is currently expelled or suspended from a school.

a. If the student is suspended or expelled from another school, please explain.

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? Yes *

If Yes, please explain:

Is your student currently suspended or expelled from another school? *

29. Define the Relationships the Parents/Guardians have to the student.

- a. Indicate which parents have guardian rights, who should receive mail, have access to the student's information via the parent portal, and who should receive messenger messages.
- b. If a Parent does not live with the student in the Primary household but the student lives with the parent in a secondary household, click the "Secondary Household" button.
- c. Select the "Contact Sequence". Whoever should be contacted first should have "1" as the "Contact Sequence". Sequence numbers must be unique for each person.
- d. DO NOT SELECT "No Relationship" if the parent/guardian listed has a relationship to the student. This will delete all of the relationship fields for that parent.
- e. Once finished, click "Next".

Relationships - Parent/Guardians

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

Name	Relationship*	Guardian	Mailing	Portal	Messenger	Secondary Household	Contact Sequence*	or	No Relationship
Parent Example	Mother <input type="text" value="v"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1 <input type="text" value="v"/>		<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.

[For more information click on this link.](#)

30. Define the relationship the Emergency Contact has to the student as well as the contact sequence. Click “Next”.

▼ Relationships - Emergency Contacts

A minimum of (1) Emergency Contacts are required*

Name	Relationship*	Contact Sequence*	or	No Relationship
Emergency Contact	Aunt ▼	2 ▼		<input type="checkbox"/>

Description of Contact Preferences

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

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.

31. If applicable, define the relationship the Other Household members have with the student.

▼ Relationships - Other Household

Name	Relationship*	Contact Sequence*	or	No Relationship
Little Example	Sibling ▼	1		<input type="checkbox"/>

Description of Contact Preferences

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.

32. For Pre-K and Kindergarten registration, please complete the Prior Care pleat. For students in Grades 01-12, this pleat will not be visible.

▼ PriorCare

Prior Care Program Type	Half Day ▼
Prior Care Program Half Day(AM)	Child care Center* ▼
Prior Care Program Half Day(PM)	Informal care ▼

◀ Previous
Next ▶

33. Complete the Release Agreements pleat.
- To access the Technology policy. Click the “Please click here for Technology Policy” link.
 - Sign your name in the space provided.
 - When finished click “Save/Continue”.

▼ Release Agreements

Media

Yes - I give permission for my child to participate in any public or school media publication.

No - I do not consent to the School and/or District's use of my child's photograph, voice and/or name in various media projects.

Technology

* I agree to the Technology acceptable use policy.

[Please click here for Technology Policy](#)

Please sign on the line below

Parent Example

Clear

34. The student will be listed in the Student section of the application. Repeat steps 23-33 for any other students you wish to enroll. When finished click “Save/Continue”.

✓ Student(s) Primary Household > ✓ Parent/Guardian > ✓ Emergency Contact > ✓ Other Household > ▼ Student > Completed

Student

First Name	Last Name	Gender	School	Completed	
Student	Example	M		✓	Edit/Review

Please include all new and returning student who are not active in city schools

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

✓ - Indicates that person is completed.

[Add New Student](#)

[Back](#) [Save/Continue](#)

35. **Before clicking Submit**, click the 'Application Summary PDF' to generate a copy of the application. Print or save this copy for your records. **Once the application is submitted you will not have access to make any modifications!**
- a. Review the information for accuracy. If any part of the application is incorrect, click into the section where the information is inaccurate and correct it. You will not have access to correct the information after you click Submit!

✓ Student(s) Primary Household
✓ Parent/Guardian
✓ Emergency Contact
✓ Other Household
✓ 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](#)

REVIEW THIS DOCUMENT FOR ACCURACY BEFORE CLICKING SUBMIT

Click here to review all of the information provided in the application.

If it is inaccurate, click into the area of the application to make the necessary changes before submitting.

Once Submit is selected, you will NOT have access to modify the application.

Baltimore City Public School - Online Registration Summary

Page 1 / 2
Example, Student Person | 13

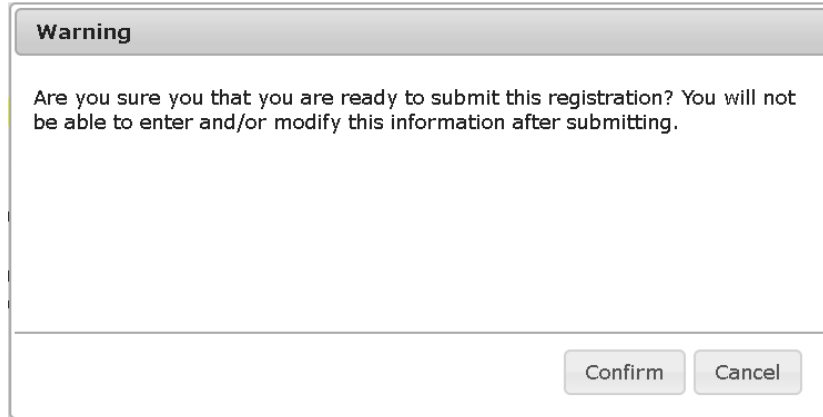
Modified By:
Modified Date:
Application End Year: 2021

Confirmation Number: # 13
Application Created By: Parent Example

Household	Student
<p>Primary Phone Home Phone: (555)555-5555</p> <p>Home Address 1 Benn Way Baltimore, MD 21236 Household has no separate Mailing Address</p> <p>Documents Uploaded: HomeAddress OLR Utility bill Proof of Residency sample.pdf</p> <p>Parent/Guardian Example, Parent Gender: F Birthdate: 01/01/1981 Household: Yes</p> <p>Contact Information Cell: (555)555-5555 Work: Other: Email: mom@email.com Secondary Email:</p> <p>Migrant Worker Migrant Worker: No</p> <p>Emergency Contact Contact, Emergency Person Gender: M Birthdate: 01/01/1981 Household: No</p> <p>Contact Information Home: (555)555-5545 Mobile: (555)555-5554 Work: Email:</p> <p>Verification Information Address Line 1: 123 Main St Apt 4 Address Line 2: Baltimore, MD 21236</p> <p>Other Household Example, Little Brother Gender: M Birthdate: 01/01/2019 Household: Yes No further data for this household member</p>	<p>Example, Student Person Gender: M DOB: 01/01/2015 Nickname: Stu</p> <p>Demographics placementSchool1 starting literal: Student Cell Number: Student Email: MonthIncome starting literal: placementSchool starting literal: 0004 Steuart Hill Academic Academy placementSchool2 starting literal: 0007 Cecil Elementary Date Entered U.S.: 01/01/2015 Foreign Exchange: No libraryFirstCard starting literal: Yes Enrollment Grade: Kindergarten Birth Country: United States placementReq starting literal: Yes</p> <p>Race Ethnicity American Indian or Alaska Native Is Hispanic/Latino: No</p> <p>Health Services - Medications Medication Name: Example Medication Comments: Where taken: Both Type: Daily</p> <p>Health Services - Emergency Information Primary Care Provider: Primary Care Phone:</p> <p>Housing Homeless: No</p>

✓ Student(s) Primary Household
✓ Parent/Guardian
✓ Emergency Contact
✓ Other Household
✓ Student
▼ Completed

36. Click Submit to submit the application. A warning pop up will appear informing you that you will not have access to the application once you click submit. Click “Confirm” to submit or “Cancel” to go back into the application. **Once the application is submitted you will not have access to make any modifications!**



37. **WAIT FOR THE CONFIRMATION SCREEN!** If you do not wait for the confirmation screen before closing the browser window your application may not submit and will not be processed. You must see the screen below before you close the browser window.



38. You will receive an email indicating the application has been submitted. If you do not receive this email, check your junk/spam folder. If it is not in the junk/spam folder, please contact the enrollment official at the local school or email district office at enrollment@bcps.k12.md.us.

The school will be in touch if any additional information or documentation is required.

Need Assistance? Have a Question?

Please contact the enrollment official at the local school or email district office at enrollment@bcps.k12.md.us. Have your Application (Confirmation) Number ready.

Saving and Returning to an Application:

1. If you cannot complete the application all at one time, click “Save/Continue”. This will save where you are currently in the application.
2. To access the application again, click the link the original email.
3. When you return to the application, it will highlight where you left off for you to go back in to complete the missing required information. Click the appropriate area and click “Edit/Review”

THIS IS A TEST SITE

BALTIMORE CITY PUBLIC SCHOOLS Application Number 13

Infinite Campus Online Registration

* Indicates a required field

✓ Student(s) Primary Household ✓ Parent/Guardian ✓ Emergency Contact ✓ Other Household ▼ Student ⓧ Completed

Student Name: Student Person Example

Demographics

Health Services - Medications

No medications

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

Add Medication

Please upload a copy of immunization records.

Upload Immunizations

[For more information click on this link.](#)

← Previous Next →

Race Ethnicity

Housing

Health Services - Emergency Information

Health Services - Medical or Mental Health Conditions

Student Services

Language Information

Previous School

Relationships - Parent/Guardians

Relationships - Emergency Contacts

Relationships - Other Household

Prior Care

Release Agreements

Cancel Save/Continue

Warning

You must view all forms for this person before saving.

Confirm

✓ Student(s) Primary Household ✓ Parent/Guardian ✓ Emergency Contact ✓ Other Household ▼ Student

Student

First Name	Last Name	Gender	School	Completed
Student	Example	M		<input type="button" value="Edit/Review"/>

Please include all new and returning student who are not active in city schools

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

✓ - Indicates that person is completed.

Add New Student

Back Save/Continue