East Side Union
High School District
Online Registration
Online Registration Instructions

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

Take Note:

➢ If your student is an incoming 9th grader, residency verification must be completed at the student's assigned high school on the school's designated dates.
➢ For all other students, residency verification must be completed at the school of attendance.
<table>
<thead>
<tr>
<th>Site</th>
<th>Name</th>
<th>Email</th>
<th>Phone #</th>
<th>Registration Days/Hours</th>
<th>School Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>Andrew P. Hill High</td>
<td>Nicole Nguyen</td>
<td><a href="mailto:nguyennic@esuhsd.org">nguyennic@esuhsd.org</a></td>
<td>408-347-4114</td>
<td>Monday-Friday; 8:00 - 2:30</td>
<td><a href="http://andrewphill.esuhsd.org/">http://andrewphill.esuhsd.org/</a></td>
</tr>
<tr>
<td>Evergreen Valley High</td>
<td>Daisy Castro</td>
<td><a href="mailto:castrod@esuhsd.org">castrod@esuhsd.org</a></td>
<td>408-347-7070</td>
<td>Monday-Friday; 8:00 - 3:00</td>
<td><a href="http://evergreenvalley.esuhsd.org/">http://evergreenvalley.esuhsd.org/</a></td>
</tr>
<tr>
<td>Independence High</td>
<td>Alicia Suba</td>
<td><a href="mailto:subaa@esuhsd.org">subaa@esuhsd.org</a></td>
<td>408-928-9514</td>
<td>Monday-Friday; 8:00 - 2:30</td>
<td><a href="http://independence.esuhsd.org/index.html">http://independence.esuhsd.org/index.html</a></td>
</tr>
<tr>
<td>James Lick High</td>
<td>Jamie Petrovich</td>
<td><a href="mailto:petrovichj@esuhsd.org">petrovichj@esuhsd.org</a></td>
<td>408-347-4421</td>
<td>Monday-Friday; 8:00 - 2:30</td>
<td><a href="http://jameslick.esuhsd.org/">http://jameslick.esuhsd.org/</a></td>
</tr>
<tr>
<td>Mount Pleasant High</td>
<td>Angelica Heredia</td>
<td><a href="mailto:herediaa@esuhsd.org">herediaa@esuhsd.org</a></td>
<td>408-937-2834</td>
<td>Monday-Friday; 8:00 - 2:30</td>
<td><a href="http://mtpleasant.esuhsd.org/">http://mtpleasant.esuhsd.org/</a></td>
</tr>
<tr>
<td>Oak Grove High</td>
<td>Mike Lynch</td>
<td><a href="mailto:lynchm@esuhsd.org">lynchm@esuhsd.org</a></td>
<td>408-347-6514</td>
<td>Monday-Friday; 8:00 - 2:30</td>
<td><a href="http://oakgrove.esuhsd.org/">http://oakgrove.esuhsd.org/</a></td>
</tr>
<tr>
<td>Piedmont Hills High</td>
<td>Crystal Hsieh</td>
<td><a href="mailto:hsiehcr@esuhsd.org">hsiehcr@esuhsd.org</a></td>
<td>408-347-3848</td>
<td>Monday-Thursday; 8:00 - 3:00</td>
<td><a href="http://piedmonthills.esuhsd.org/">http://piedmonthills.esuhsd.org/</a></td>
</tr>
<tr>
<td>Santa Teresa High</td>
<td>Donna Walker</td>
<td><a href="mailto:walkerd@esuhsd.org">walkerd@esuhsd.org</a></td>
<td>408-347-6212</td>
<td>Monday-Friday; 8:00 - 2:30</td>
<td><a href="http://santateresa.esuhsd.org/">http://santateresa.esuhsd.org/</a></td>
</tr>
<tr>
<td>Silver Creek High</td>
<td>Alison Montgomery</td>
<td><a href="mailto:montgomerya@esuhsd.org">montgomerya@esuhsd.org</a></td>
<td>408-347-5644</td>
<td>Monday-Friday; 8:00 - 2:30</td>
<td><a href="http://silvercreek.esuhsd.org/">http://silvercreek.esuhsd.org/</a></td>
</tr>
<tr>
<td>William C. Overfelt High</td>
<td>Rosa Chandler</td>
<td><a href="mailto:chandlerr@esuhsd.org">chandlerr@esuhsd.org</a></td>
<td>408-347-5939</td>
<td>Monday-Friday; 8:00 - 2:30</td>
<td><a href="https://wcohs.org/">https://wcohs.org/</a></td>
</tr>
<tr>
<td>Yerba Buena High</td>
<td>Anabel Velasquez</td>
<td><a href="mailto:velasqueza@esuhsd.org">velasqueza@esuhsd.org</a></td>
<td>408-347-4751</td>
<td>Monday-Friday; 8:00 - 2:30</td>
<td><a href="http://verbabuena.esuhsd.org/">http://verbabuena.esuhsd.org/</a></td>
</tr>
</tbody>
</table>
Online Registration Link

Click on the link below to begin your online registration -

https://esuhsd.infinitecampus.org/campus/OLRLogin/eastside
Please fill in the required fields to create your parent account and begin the registration process. Click **Begin Registration** when ready.

You will receive an email with a link for your unique registration session. Please click the link in the email to proceed with the registration process.
You will need to type your name in the box as an electronic certification. Click **Submit** when ready.

Take note of your **Application Number** highlighted on the top right corner of the page in case you need to **save** and **return** to your application.
Click **Begin Registration** when ready to fill out the online registration.
Student(s) Primary Household Section

Each section contains multiple tabs. Click **Next** to continue within the section or **Save/Continue** when ready to proceed to the next tab.

**PLEASE NOTE:** You will not be able to skip sections if required information is missing.
Please **include ALL Parents and Legal Guardians** including yourself, regardless of whether they live in the same household as the student.
Parents/Guardians Section

You will need to repeat this section for any additional parents/guardians by clicking on Add New Parent/Guardian.

PLEASE NOTE:
You can click on ‘Edit/Review’ button to make changes to information added for each parent/guardian.
Parents/Guardians Section

You will need to repeat this section for any additional parents/guardians by clicking on Add New Parent/Guardian.

PLEASE NOTE:
Entries highlighted in yellow indicates missing information. Click on Edit/Review to complete the section.
Click **Save/Continue** when ready to proceed to the next tab.
You can have a maximum of 4 emergency contacts who must be 18 or older.

PLEASE NOTE: DO NOT enter a parent/guardian as an emergency contact.
You will need to repeat this section for any additional emergency contact by clicking on Add New Emergency Contact.

PLEASE NOTE:
Proper identification is required before a student is released to emergency contacts.
Emergency Contacts Section

Click Save/Continue when ready to proceed to the next tab.
Student Section

This is the final section in which you will be asked to enter student information:

- Demographics
- Race Ethnicity
- Housing
- Student Services
- Language Information
- Previous Schools
- Relationships - Parent/Legal Guardians
- Relationships - Emergency Contacts

- Health Services - Emergency Information
- Health Services - Medical or Mental Health Conditions
- Health Services - Medications
- Release Agreements
Student Section: Demographics

Please enter the student’s name exactly as it appears on the birth certificate.

PLEASE NOTE:
If your student has two last names, enter both in the box marked as “last name” without a dash in between.
Please select the student’s race (check as many boxes as applies).
Please indicate student’s current housing situation.

Select the option that best represents the student's current housing situation.

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

For more information click on this link.
Student Section: Student Services

Please indicate if student has current IEP or 504 plan.

Is your student receiving Special Education services or Special Accommodations?

Does your student have a current IEP?
(An IEP, or Individualized Education Program, is a document created to address the unique needs of a child eligible for special education services.)

Does your student have a current 504 plan?
(A 504 is a plan for students to receive modifications and accommodations at school.)

Has your student previously received gifted/talented services?
Student Section: Language Information

Please indicate student language as it pertains to the questions.

Language Information

Please enter language information for your student below.

Student Language
Which language did your child learn when first beginning to talk?
Which language does your child most frequently speak at home?
Which language do you use most frequently to speak to your child?
Which language is most often spoken by adults in the home?
Has your child ever received English Language Development or English as a Second Language services?
Was your child reclassified from English Learner to Fluent English speaker?
Please indicate student’s previous schools attended.
Please indicate what notifications parents/legal guardians want to receive and who should be contacted in order of preference.

### Relationships - Parent/Legal Guardians

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>Guardian Mailing</th>
<th>Portal</th>
<th>Messenger</th>
<th>Secondary Household</th>
<th>Contact Order</th>
<th>No longer a Parent/Legal Guardian</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent/Parent</td>
<td>Mother</td>
<td>✅</td>
<td>✅</td>
<td>✅</td>
<td>✅</td>
<td>❌</td>
<td>✅</td>
</tr>
</tbody>
</table>

**Description of Contact Preferences**

- **Guardian**
  - Marking this checkbox will flag this person as legal guardian to the student.

- **Mailing**
  - This person will receive mail information for the student. Only 1 person needs to be selected for mailing if living at the same address.

- **Portal**
  - This person will have a parent portal account and will be able to view student information within the portal.

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

- **No longer a Parent/Legal Guardian**
  - Marking this check box indicates that this person should no longer be a parent/legal guardian for this student.

Please note: Contact Order 1 is first to be notified.
Student Section: Relationships – Emergency Contacts

Please indicate students’ relationship to the emergency contact and who should be contacted in order of preference.

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>Contact Order</th>
<th>Or</th>
<th>No longer a Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent</td>
<td>Parent</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parent</td>
<td>Aunt</td>
<td>2</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**PLEASE NOTE:**
Parents/Legal Guardians take precedence over Emergency Contacts.

**Description of Contact Preferences**

**Contact Order**
- Adding a contact number on contacts will prompt district staff to contact these persons in the order that you specify after the Parent/Legal Guardian.

**No longer a Contact**
- Marking this checkbox will indicate that this person is no longer an emergency contact for this student.

*For more information click on this link.*
Please indicate preferred hospital in case of an emergency.

In case of an emergency, your son/daughter may be taken to the nearest emergency facility by ambulance if necessary. I understand the District assumes no responsibility for expenses incurred.

Preferred Hospital: Kaiser
Please indicate if student has any medical or mental health conditions.

Health Services - Medical or Mental Health Conditions

If your child has any health concerns and/or medications, please be prepared to provide documentation directly to the health office at your child's school.

No medical or mental health conditions

If your child has diabetes, seizures, allergies, or asthma, please click on the link below and complete the questionnaire related to your child's condition.

For more information click on this link.
Student Section: Health Services – Medications

Please indicate if student has any medications.

*PLEASE NOTE:*
Parents/Legal Guardians take precedence over Emergency Contacts.
Please indicate preference in release agreements based on each category.

**Release Agreements**

- **Media**
  - **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.

- **Health and Wellness Survey**
  - **No** - I do not consent for my child to participate in any Health Behavior Surveys.

- **Mandatory HIV/AIDS Curriculum**
  - **No** - I do not consent for my child to participate in the HIV/AIDS prevention education unit.

- **Information Release Form**
  - **No** - I do not consent to have any directory information released to any individual or organization.

**For 11th and 12th grade students only:** I do not wish to release the name, address, and telephone number of the student named above to the agency or agencies I check below.

- United States Armed Forces (Military) Recruiting Agencies
- Colleges, Universities, or Other Institutions of Higher Education
- National Student Clearinghouse (to track college attendance)
- College Board (PSAT and SAT Tests)

**Technology**

- **Yes** - I agree to the Technology acceptable use policy.

*Please sign in the box below*

**Sign**

**Student & Parent Handbook**

< Previous

PLEASE NOTE: Click Save/Continue to complete application
You will need to repeat this section for any additional student.

PLEASE NOTE:
Click ‘Add New Student’ for each additional student in your household.
Click **Save/Continue** when ready to proceed to the final tab.
If you would like a copy of the application in PDF format, please click on Application Summary PDF before submitting the application. Click Submit when ready.

PLEASE NOTE:
You cannot make changes to your application once it has been submitted.
REGISTRATION COMPLETE

Thank you! You have completed the online registration. You should receive an email notification confirming the receipt of your registration shortly. Once our staff has reviewed your application, you will receive another email regarding the status of your application.

PLEASE NOTE: You will still need to show proof of residency and your child’s birth certificate prior to your approval.
THANK YOU!

Any questions?

Please contact your school site Registrar