

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.

		SCHOOL CONTACT LIST		
Site/School Website	Name	Email	Phone #	Registration Days/Hours
Andrew P. Hill High	Nicole Nguyen	nguyennic@esuhsd.org	408-347-4114	Monday-Friday; 8:00 - 2:30
Evergreen Valley High	Gina Conley	conleyg@esuhsd.org	408-347-7070	Monday-Friday; 8:00 - 3:00
Independence High	Alicia Suba	subaa@esuhsd.org	408-928-9514	Monday-Friday; 8:00 - 2:30
<u> Iames Lick High</u>	Jamie Petrovich	petrovichj@esuhsd.org	408-347-4421	Monday-Friday; 8:00 - 2:30
Mount Pleasant High	Angelica Heredia	herediaa@esuhsd.org	408-937-2834	Monday-Friday; 8:00 - 2:30
Oak Grove High	Mike Lynch	lynchm@esuhsd.org	408-347-6514	Monday-Friday; 8:00 - 3:00
Piedmont Hills High	Crystal Hsieh	hsiehcr@esuhsd.org	408-347-3848	Monday-Thursday; 8:00 - 3:00
Santa Teresa High	Amy Ulloa	ulloaa@esuhsd.org	408-347-6212	Monday-Friday; 8:00 - 2:30
Silver Creek High	Sherry Linayao	linayaos@esuhsd.org	408-347-5644	Monday-Friday; 8:00 - 2:30
William C. Overfelt High	Norma Rodriguez	rodriguezn@esuhsd.org	408-347-5939	Monday-Friday; 8:00 - 2:30
Yerba Buena High	Anabel Velasquez	velasqueza@esuhsd.org	408-347-4751	Monday-Friday; 8:00 - 2:30



Online Registration Link

Right click to open to a new tab 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.



Welcome Parent Parent! 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.





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.





Welcome to East Side Union High School District's 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

PLEASE NOTE:

- · Required fields are marked with a red asterisk *.
- . 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.
- Completing your online registration is the first step in the process of entering ESUHSD School. After you have completed and submitted your registration
 application, you will need to complete the residency verification process.
- . 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.

Please contact your school site Registrar if you need assistance.

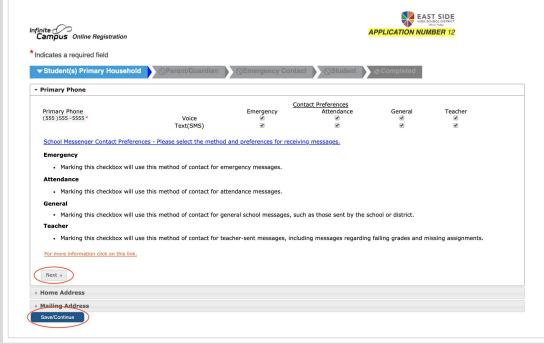
School	Registrar	Contact #	Email
Andrew Hill	Nicole Nguyen	408-347-4114	nguyennic@esuhsd.org
Evergreen Valley	Daisy Castro	408-347-7070	castrod@esuhsd.org
Independence	Alicia Suba	408-928-9514	subaa@esuhsd.org
James Lick	Jamie Petrovich	408-347-4421	petrovichj@esuhsd.org
Mount Pleasant	Angelica Heredia	408-937-2834	herediaa@esuhsd.org
Oak Grove	Mike Lynch	408-347-6514	lynchm@esuhsd.org
Piedmont Hills	Crystal Hsieh	408-347-3848	hsiehcr@esuhsd.org
Santa Teresa	Neha Billing	408-347-6212	billingn@esuhsd.org
Silver Creek	Alison Montgomery	408-347-5644	montgomerya@esuhsd.org
W.C. Overfelt	Norma Rodriguez	408-347-5939	rodriguezn@esuhsd.org
Yerba Buena	Anabel Velasquez	408-347-4751	velasquezag@esuhsd.org

BEGIN 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 NOTE: Verify that your address is in the East Side Union High School District attendance area. If your address is not within the boundaries, please contact your Registrar.

<u>Attendance Area Locator</u>



Type in your street number in the street number field. If your address contains an apartment, space, or unit number, enter that number in the apt/spc/unit field. Type in your street name. As you begin typing the first few letters of your address, select your address when it appears in the address box. The city, state, and zip will automatically populate. Street Number N,S,E,W Street Name Only Street Abbreviation (St, Dr, Ave) APT/SPC/UNIT Clity State Zip Ext. County Address Box 830 N CAPITOL AVE, San Jose, CA 95127 3740 Santa Clara 830 S CAPITOL AVE, SAN JOSE, CA 95127 3740 Santa Clara Wyour address as entered above 830 Capi Please upload a current utility bill to verify residence in the district. Upload Utility Bill/Mailed Communication Link Address UnLink Address UnLink Address UnLink Address UnLink Address UnLink Address Click here if your address is not found.	Residence Addre	ss
Street Number 830 N,S,E,W Street Name Only Capi City State Zip Ext. County Clear Address Fields Address Box 830 N CAPITOL AVE, San Jose, CA 95133 1316 Santa Clara 830 S CAPITOL AVE, SAN JOSE, CA 95127 3740 Santa Clara Your address Box above. Your address as entered above 830 Capi Please upload a current utility bill to verify residence in the district. Upload Utility Bill/Mailed Communication	space, or unit r you begin typir	number, enter that number in the apt/spc/unit field. Type in your street name. As any the first few letters of your address, select your address when it appears in the
City State Zip Ext. County Address Box 830 N CAPITOL AVE, San Jose, CA 95133 1316 Santa Clara 830 S CAPITOL AVE, SAN JOSE, CA 95127 3740 Santa Clara Your address Box above. Your address as entered above 830 Capi Please upload a current utility bill to verify residence in the district. Upload Utility Bill/Mailed Communication	1	2 (if applicable)
Clear Address Fields Address Box 830 N CAPITOL AVE, San Jose, CA 95133 1316 Santa Clara 830 S CAPITOL AVE, SAN JOSE, CA 95127 3740 Santa Clara Your address as entered above 830 Capi Please upload a current utility bill to verify residence in the district. Upload Utility Bill/Mailed Communication Link Address UnLink Address UnLink Address	830 *	* V
Address Box 830 N CAPITOL AVE, San Jose, CA 95133 1316 Santa Clara 830 S CAPITOL AVE, SAN JOSE, CA 95127 3740 Santa Clara Your address as entered above 830 Capi Please upload a current utility bill to verify residence in the district. Upload Utility Bill/Mailed Communication		* * *
830 N CAPITOL AVE, San Jose, CA 95133 1316 Santa Clara 830 S CAPITOL AVE, SAN JOSE, CA 95127 3740 Santa Clara Your address from the Address Box above. Your address as entered above 830 Capi Please upload a current utility bill to verify residence in the district. Upload Utility Bill/Mailed Communication Link Address P UnLink Address P	Clear Address Fie	elds
830 S CAPITOL AVE, SAN JOSE, CA 95127 3740 Santa Clara You must select an address from the Address Box above. Your address as entered above 830 Capi Please upload a current utility bill to verify residence in the district. Upload Utility Bill/Mailed Communication Link Address P UnLink Address P	Address Box	
You must select an address from the Address Box above. Your address as entered above 830 Capi Please upload a current utility bill to verify residence in the district. Upload Utility Bill/Mailed Communication Link Address P UnLink Address P	830 N CAPITOL AVI	E, San Jose, CA 95133 1316 Santa Clara
Your address as entered above 830 Capi Please upload a current utility bill to verify residence in the district. Upload Utility Bill/Mailed Communication Link Address & UnLink Address &	830 S CAPITOL AVE	E, SAN JOSE, CA 95127 3740 Santa Clara
Please upload a current utility bill to verify residence in the district. Upload Utility Bill/Mailed Communication Link Address P UnLink Address P	You must select ar	n address from the Address Box above.
Upload Utility Bill/Mailed Communication Link Address & UnLink Address &		
Link Address & UnLink Address &	Please upload	a current utility bill to verify residence in the district.
	Upload Uti	lity Bill/Mailed Communication
Click here if your address is not found.	Link Address &	JnLink Address &
Click here if your address is not found.		
	Click here if your add	dress is not found

PLEASE NOTE: Please follow the specific instructions that are in blue.

Helpful hints:

- Type slowly
- Follow the numbered steps
- If your address is within the East Side boundaries, it will appear in the Address Box



Your address will show below the heading "Your address as entered above" and you can then click Next.

Street Number 830 *	N,S,E,	W Street Na	me Only	*	Street Abbreviation (St, Dr, Ave) APT/SPC/UNIT
City	N	State	Zip	Ext.	County
SAN JOSE	*	CA ▼ *	95133 *	1316	Santa Clara
Clear Address - Address Box					
	830 N CAPI	TOL AVE CA 95133 1316	i i		
	SAN JOSE, Santa Clara				

PLEASE NOTE: If your address does not appear, click the link 'Click here if your address is not found' and fill out the Google Form to request your address to be added in the system.



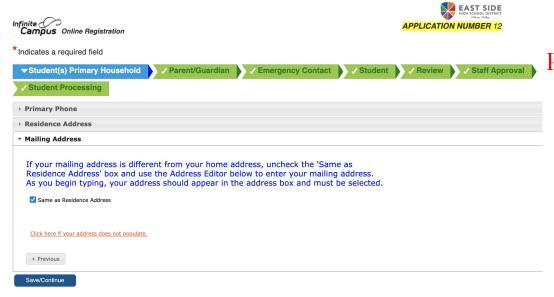
Please use the '**Upload**' button to attach proof of residency.

Your address as entered above 830 N CAPITOL AVE SAN JOSE, CA 95133 1316 Santa Clara Please upload a lease/rental agreement; mortgage agreement; property tax bill to verify residence in the district. Upload Lease/Rental Agreement, Mortgage Agreement, Property Tax Bill Please upload a current utility bill to verify residence in the district. Upload Utility Bill/Mailed Communication Please upload a second current utility bill/mailed communication to verify residence in the district. Upload 2nd Utility Bill/Mailed Communication Please upload a third current utility bill/mailed communication to verify residence in the district. Upload 3rd Utility Bill/Mailed Communication Link Address & UnLink Address & Click here if your address is not found.

Student(s) Primary Household Section: Mailing Address



Check 'Same as Residence Address' if your mailing address is the same



PLEASE NOTE: You will not be able to skip sections if required information is missing.

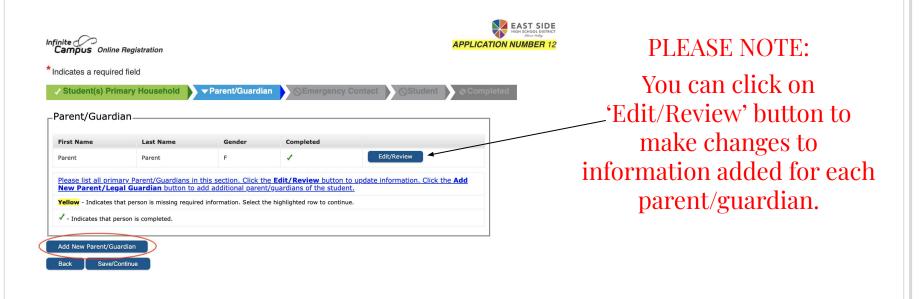


Please **include ALL Parents and Legal Guardians** including yourself, regardless of whether they live in the same household as the student.

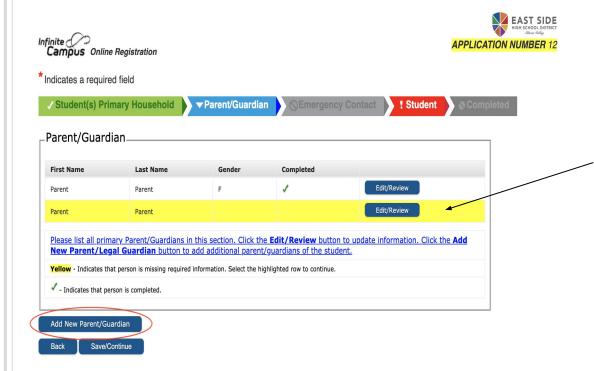




You will need to repeat this section for each parent/guardian by clicking on **Add New Parent/Guardian**.





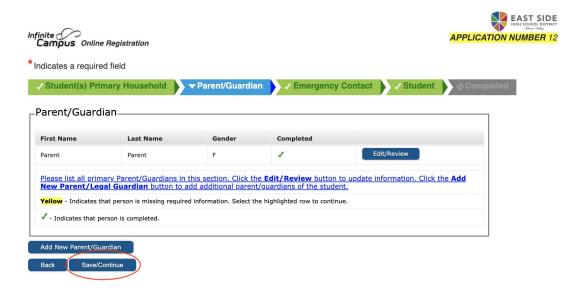


PLEASE NOTE:

Entries highlighted in yellow indicates missing information. Click on **Edit/Review** to complete the section.



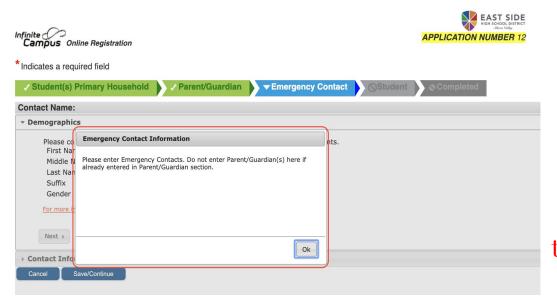
Click **Save/Continue** when ready to proceed to the next tab.



Emergency Contacts Section



You can have a maximum of 4 emergency contacts who must be 18 or older.



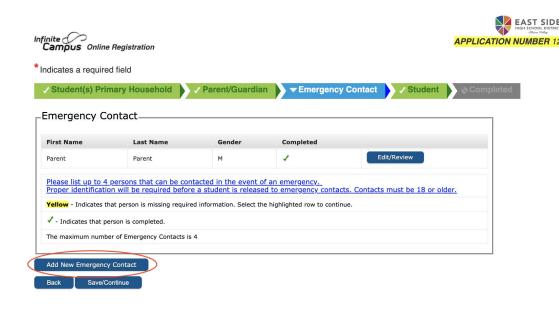
PLEASE NOTE:

DO NOT enter a parent/guardian as an emergency contact if they have already been entered. You will be able to indicate them as a contact later in the form.

Emergency Contacts Section



You will need to repeat this section for any additional emergency contact by clicking on **Add New Emergency Contact**.



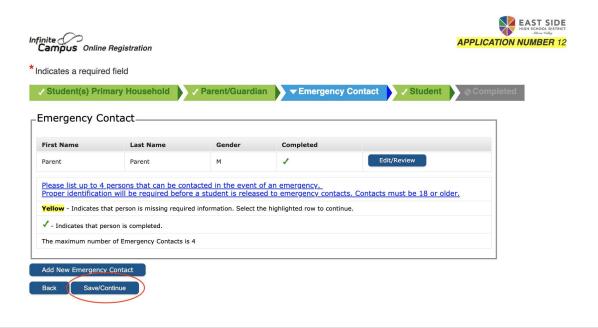
PLEASE NOTE:

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.

Legal First Name	*	Gender	*		Enrollment Grade	* *
Legal Middle		Birth Date		Q *	Boundary School: Unable to	determine boundary
Name		Foreign Exchan	ige*		school	
Legal Last Name	*	Yes, this is a f	oreign exchange stu	dent		
Suffix (Jr., Sr., II)	\$	No, this is not	a foreign exchange			
Nickname		student				

PLEASE NOTE:

If your student has two last names, enter both in the box marked as "last name" without a dash in between.
Enter Jr, Sr, or III in the Suffix field

Student Section: Race Ethnicity



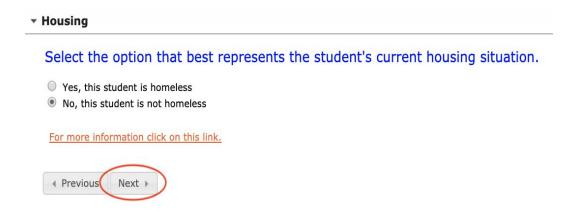
Please select the student's race (check as many boxes as applies).

▼ Race	Ethnicity			
(Hisp Centr	nis student Hispanic or Latino Ethnicity anic/Latino is an ethnic group describing people of Cuban, ral or South American, or other Spanish culture or origin, re ase check all that apply. At least one race/ethnic	gardle	ss of race)	
	American Indian or Alaska Native (persons having origins in North, Central, or South America) Chinese Japanese Korean Vietnamese		Laotian (from Asia) Cambodian Hmong Other Asian Filipino Black or African American	Hawaiian Guamanian Samoan Tahitian Other Pacific Islander White (persons having origins in Europe Middle East or N.
	Asian Indian Decline to State			Africa)
4 Pre	evious Next Next			

Student Section: Housing



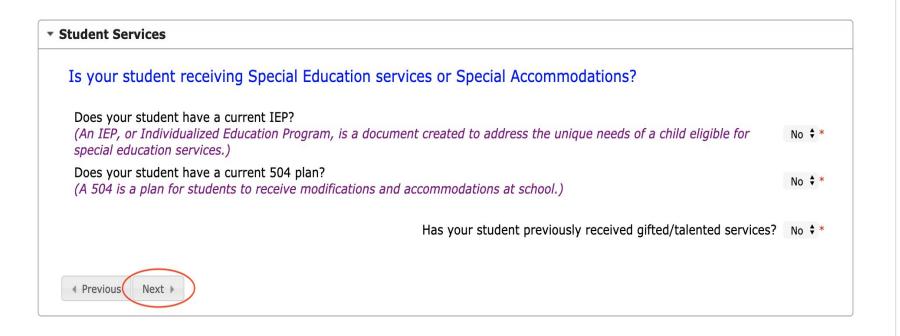
Please indicate student's current housing situation.



Student Services



Please indicate if student has current IEP or 504 plan.



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	English	* *
Which language did your child learn when first beginning to talk?	English	* *
Which language does your child most frequently speak at home?	English	* *
Which language do you use most frequently to speak to your child?	English	* *
Which language is most often spoken by adults in the home?	English	* *
Has your child ever received English Language Development or English as a Second Language services?	No ♦ *	
Was your child reclassified from English Learner to Fluent English speaker?	No ♦ *	
Previous		

Student Section: Previous Schools



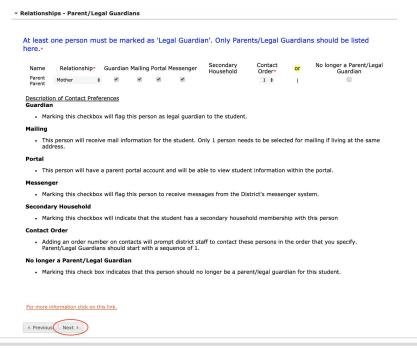
Please indicate student's previous schools attended.

chool Attended Last Yea	r	School Attended 2 Yea (Only enter if different fro		
School	*		m last yeary	
City	*	School		
itate	*	City		
Country	*	State	*	
Phone () -		Country	\$	
n did your child first attend ou don't know the exact da	school in the USA? y, enter September 1st an		₫*	
n did your child first attend ou don't know the exact da t grade did your child first n did your child first attend	school in the USA? y, enter September 1st an	d the correct year) * *	ā*	
n did your child first attend ou don't know the exact da grade did your child first n did your child first attend ou don't know the exact da	I school in the USA? by, enter September 1st an attend school in the USA? I public school in California	d the correct year)		
n did your child first attend ou don't know the exact da t grade did your child first n did your child first attend ou don't know the exact da t grade did your child first	I school in the USA? y, enter September 1st an attend school in the USA? I public school in California y, enter September 1st an attend school in California?	d the correct year)	<u>a</u> *	

Student Section: Relationships - Parent/Legal Guardians



Please indicate what notifications parents/legal guardians want to receive and who should be contacted in order of preference.



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.

minimum of (1)	Emergency Co	ntact is requ	ired. Contact must be	18 years old	or older.*
Name	Relation		Contact Order*	or	No longer a Contact
Parent Parent	Aunt	\$	2 🕏	J	
Parent/Legal G	uardian.	acts will promp	ot district staff to contact the	se persons in th	e order that you specify after the
 Mo longer a Contact Marking this ch 		te that this per	son is no longer an emergen	cy contact for th	nis student.

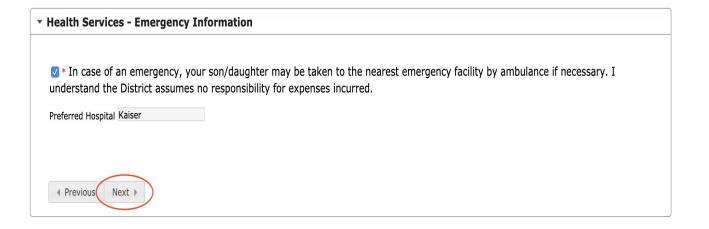
PLEASE NOTE:

Parents/Legal Guardians take precedence over Emergency Contacts.

Student Section: Health Services - Emergency Information



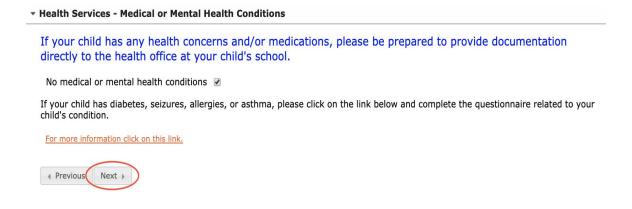
Please indicate preferred hospital in case of an emergency.



Student Section: Health Services - Medical/Mental Conditions



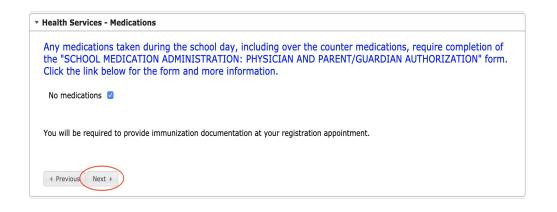
Please indicate if student has any medical or mental health conditions.



Student Section: Health Services - Medications



Please indicate if student has any medications.



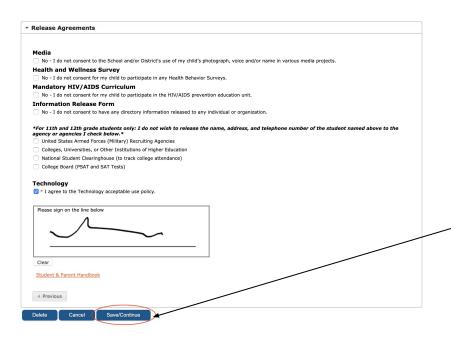
PLEASE NOTE:

Parents/Legal Guardians take precedence over Emergency Contacts.

Student Section: Release Agreements



Please indicate preference in release agreements based on each category.



PLEASE NOTE:

Click Save/Continue to complete application

Student Section



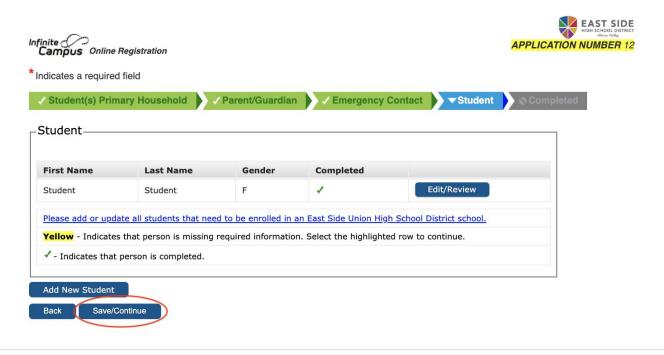
You will need to repeat this section for any additional student.



Student Section



Click **Save/Continue** when ready to proceed to the final tab.

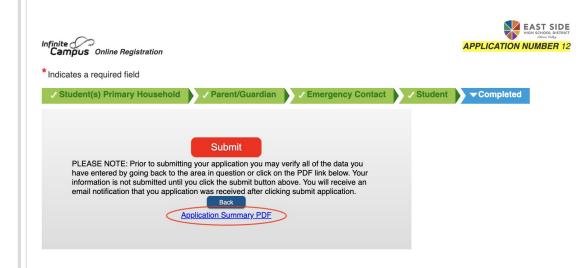


Completed



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, your child's birth certificate and immunizations prior to your approval.



THANK YOU!

Any questions?

Please contact your school site Registrar