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
James Lick High	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	Elsa Frausto	fraustoe@esuhsd.org	408-347-3848	Monday-Thursday; 8:00 - 3:00
Santa Teresa High	Maria Paola Ferreyra Alvarez	ferreyraalvarezm@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	Linh Giang	giangl@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.

APPLICATION NUMBER 12

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.

Infinite **Campus** Online Registration

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.

Submit

Click **Begin Registration** when ready to fill out the online registration.

Infinite **Campus** 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.

Student(s) Primary Household Section: Residence Address

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.

Attendance Area Locator

Student(s) Primary Household Section: Residence Address

EAST SIDE
HIGH SCHOOL DISTRICT
Silicon Valley

Residence Address

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.

1
Street Number
830

N,S,E,W

3
Street Name Only
Capi

Street Abbreviation (St, Dr, Ave)

2 (if applicable)
APT/SPC/UNIT

City

State   Zip   Ext.   County

Clear Address Fields

Address Box

830 N CAPITOL AVE, San Jose, CA 95133 1316 Santa Clara   **4**

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   UnLink Address

Click here if your address 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

Student(s) Primary Household Section: Residence Address

EAST SIDE
HIGH SCHOOL DISTRICT
Silicon Valley

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

▼ **Residence Address**

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: 830 *
N,S,E,W: N
Street Name Only: CAPITOL *
Street Abbreviation (St, Dr, Ave): AVE
APT/SPC/UNIT:

City: SAN JOSE *
State: CA *
Zip: 95133 *
Ext.: 1316
County: Santa Clara

Clear Address Fields

Address Box

You must select an address from the Address Box above.

Your address as entered above
830 N CAPITOL AVE
SAN JOSE, CA 95133 1316
Santa Clara

Please upload a current utility bill to verify residence in the district.

Upload Utility Bill/Mailed Communication

Link Address ✎   UnLink Address ✎

Click here if your address is not found.   ◄── ****CLICK HERE IF YOUR ADDRESS IS NOT FOUND****

◄ Previous   Next ►

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.

Student(s) Primary Household Section: Residence Address

EAST SIDE
HIGH SCHOOL DISTRICT
Silicon Valley

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

Infinite Campus *Online Registration*

APPLICATION NUMBER 12

* Indicates a required field

▼ Student(s) Primary Household | ✓ Parent/Guardian | ✓ Emergency Contact | ✓ Student | ✓ Review | ✓ Staff Approval

✓ Student Processing

▸ Primary Phone

▸ Residence Address

▼ Mailing Address

If your mailing address is different from your home address, uncheck the 'Same as Residence Address' box and use the Address Editor below to enter your mailing address. As you begin typing, your address should appear in the address box and must be selected.

☑ Same as Residence Address

Click here if your address does not populate.

◀ Previous

Save/Continue

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

Parents/Guardians Section

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 each parent/guardian 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

*Indicates a required field

First Name	Last Name	Gender	Completed	
Parent	Parent	F	✓	Edit/Review
Parent	Parent			Edit/Review

Please list all primary Parent/Guardians in this section. Click the **Edit/Review** button to update information. Click the **Add New Parent/Legal Guardian** button to add additional parent/guardians of the student.

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**

PLEASE NOTE:

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

Parents/Guardians 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.

*Indicates a required field

Student(s) Primary Household | Parent/Guardian | Emergency Contact | Student | Completed

Emergency Contact

First Name	Last Name	Gender	Completed	
Parent	Parent	M	✓	Edit/Review

Please list up to 4 persons that can be contacted in the event of an emergency.
Proper identification will be required before a student is released to emergency contacts. Contacts must be 18 or older.

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 4

Add New Emergency Contact

Back | Save/Continue

APPLICATION NUMBER 12

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.

Demographics

Please verify or add your student's information below. **Enter the student's name exactly as it appears on the birth certificate.** If your student has two last names, enter both in the box marked "last name" without a dash in between.

Legal First Name		*	Gender	⇕ *	Enrollment Grade ⇕ *
Legal Middle Name			Birth Date	🔍 *	**Boundary School:** Unable to determine boundary school
Legal Last Name		*	Foreign Exchange*		
Suffix (Jr., Sr., II)	⇕		⚪ Yes, this is a foreign exchange student		
Nickname			🔵 No, this is not a foreign exchange student		

New Student Information

Next ▶

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

EAST SIDE
HIGH SCHOOL DISTRICT
Silicon Valley

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

▾ **Race Ethnicity**

Is this student Hispanic or Latino Ethnicity
(Hispanic/Latino is an ethnic group describing people of Cuban, Mexican, Puerto Rican,
Central or South American, or other Spanish culture or origin, regardless of race)   ⬍ *

*Please check all that apply. At least one race/ethnicity is required.

☐ American Indian or Alaska Native   ☐ Laotian *(from Asia)*   ☐ Hawaiian
    (persons having origins in North, Central, or South   ☐ Cambodian   ☐ Guamanian
    America)   ☐ Hmong   ☐ Samoan
☐ Chinese   ☐ Other Asian   ☐ Tahitian
☐ Japanese   ☐ Filipino   ☐ Other Pacific Islander
☐ Korean   ☐ Black or African   ☐ White
☐ Vietnamese   American   *(persons having origins in Europe Middle East or N.*
☐ Asian Indian   *Africa)*
☐ Decline to State

◀ Previous   Next ▶

Student Section: Housing

Please indicate student's current housing situation.

▾ **Housing**

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.

◀ Previous | Next ▶

Student Section: Student Services

EAST SIDE
HIGH SCHOOL DISTRICT
Silicon Valley

Please indicate if student has current IEP or 504 plan.

▾ **Student Services**

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.)   No ⇕ *

Does your student have a current 504 plan?
(A 504 is a plan for students to receive modifications and accommodations at school.)   No ⇕ *

Has your student previously received gifted/talented services?   No ⇕ *

◀ Previous   Next ▶

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   Next ▸

Student Section: Previous Schools

Please indicate student's previous schools attended.

Previous School

Please enter information regarding this student's previous schools.

School Attended Last Year		School Attended 2 Years Ago *(Only enter if different from last year)*	
School	[ ] *	School	[ ]
City	[ ] *	City	[ ]
State	[▼] *	State	[▼]
Country	[▼] *	Country	[▼]
Phone	( ) -		

Has the student been suspended or expelled from another school in the last 3 years? [▼] *

When did your child first attend school in the USA?
(If you don't know the exact day, enter September 1st and the correct year) [   ] *

What grade did your child first attend school in the USA? [▼] *

When did your child first attend public school in California?
(If you don't know the exact day, enter September 1st and the correct year) [   ] *

What grade did your child first attend school in California? [▼] *

Has your child previously attended a school in the East Side Union High School District? [▼] *

Middle School [▼] *

◄ Previous   Next ►

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.

▾ Relationships - Parent/Legal Guardians

At least one person must be marked as 'Legal Guardian'. Only Parents/Legal Guardians should be listed here.*

Name	Relationship*	Guardian	Mailing	Portal	Messenger	Secondary Household	Contact Order*	or	No longer a Parent/Legal Guardian
Parent Parent	Mother ‡	☑	☑	☑	☑		1 ‡	|	☐

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.

For more information click on this link.

◄ Previous   Next ►

Student Section: Relationships – Emergency Contacts

EAST SIDE
HIGH SCHOOL DISTRICT
Silicon Valley

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

▾ **Relationships - Emergency Contacts**

A minimum of (1) Emergency Contact is required. Contact must be 18 years old or older.*

Name	Relationship*	Contact Order*	or	No longer a Contact
Parent Parent	Aunt ⇕	2 ⇕	I	☐

<u>Description of Contact Preferences</u>
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.

<u>For more information click on this link.</u>

◂ Previous   Next ▸

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.

▼ **Health Services - Emergency Information**

☑ * 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

◀ Previous   Next ▶

Student Section: Health Services – Medical/Mental Conditions

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.

◄ Previous   Next ►

Student Section: Health Services – Medications

Please indicate if student has any medications.

▼ Health Services - Medications

Any medications taken during the school day, including over the counter medications, require completion of the "SCHOOL MEDICATION ADMINISTRATION: PHYSICIAN AND PARENT/GUARDIAN AUTHORIZATION" form. Click the link below for the form and more information.

No medications ☑

You will be required to provide immunization documentation at your registration appointment.

◀ Previous   Next ▶

PLEASE NOTE:

Parents/Legal Guardians take precedence over Emergency Contacts.

Student Section: Release Agreements

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
☑ * I agree to the Technology acceptable use policy.

Please sign on the line below

[Clear]

Student & Parent Handbook

[◂ Previous]

[Delete] [Cancel] [Save/Continue]

PLEASE NOTE:

Click Save/Continue to complete application

Student Section

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

PLEASE NOTE:

Click 'Add New Student' for each additional student attending an East Side school

Infinite Campus Online Registration

APPLICATION NUMBER 12

*Indicates a required field

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

Student

First Name	Last Name	Gender	Completed	
Student	Student	F	✓	Edit/Review

Please add or update all students that need to be enrolled in an East Side Union High School District school.

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

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.

Infinite Campus Online Registration

EAST SIDE
HIGH SCHOOL DISTRICT
Silicon Valley
APPLICATION NUMBER 12

*Indicates a required field

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

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

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