

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
<u>Mount Pleasant High</u>	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
<u>Santa Teresa High</u>	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
Villiam C. Overfelt High	Norma Rodriguez	rodriguezn@esuhsd.org	408-347-5939	Monday-Friday; 8:00 - 2:30
<u>Yerba Buena High</u>	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.

Campus Unline Registration		
HIGH SCHOOL DISTRICT -School DISTRICT		
Please complete the information below to BEGIN the registration	process.	
Parent/Guardian Legal First Name		
Parent/Guardian Legal Last Name		
Choose the School Year when student will begin taking classes at ESUHSD	20-21 🗸 *	
Parent/Guardian Email Address		
Verify Parent/Guardian Email Address		
If you are the parent/guardian of a current or former ESUHSD student, click here $ ightarrow$		
Please type the letters you see displayed in the image below.		



Infinite C

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.



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.

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



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.

Infinite Online Registration			A	PPLICATION NUM	HOOL DISTRICT New Yorky IBER 12	
*Indicates a required field						
✓ Student(s) Primary Househol	d OParent/Guardian	©Emergency Conta	ct OStudent	Completed		
✓ Primary Phone						
Primary Phone (555)555-5555 *	Voice Text(SMS)	Co Emergency Ø	ntact Preferences Attendance € €	General ♥ ♥	Teacher ₹	
School Messenger Contact Prefere	ences - Please select the method	and preferences for receiv	ing messages.			
Attendance • Marking this checkbox will in General • Marking this checkbox will in Teacher • Marking this checkbox will in For more information click on this link Next >	use this method of contact for em use this method of contact for att use this method of contact for ge use this method of contact for tea	endance messages. neral school messages, su			issing assignments.	
Home Address						
Mailing Address Save/Continue						

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

Street Nu 830 City Clear Ad Addres 830 N C 830 S C You must 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

Student(s) Primary Household Section: Residence Address

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	e, and zi	p will auto	matically	y populate.			- F
			3				2 (if applicable)	•
umber *	N,S,E,W	Street Nai Capi	me Only	*	Street Abbreviat	ion (St, Dr, Ave)	APT/SPC/UNIT	
	*	State	Zip *	Ext.	County			
dress F	ields							
s Box-								1
APITOL A	VE, San Jose, CA 9	5133 1316 Sa	anta Clara	4				
APITOL A	VE, SAN JOSE, CA 9	95127 3740 5	Santa Clara					
select	an address from	the Addre	ss Box abov	e.				-

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



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	N,S,E,W	Street Na	me Only		Street Abbreviation (St, Dr, Ave) APT/SPC/UNIT
830 *	N 🗸	CAPITOL		*	AVE 🗸
City		State	Zip	Ext.	County
SAN JOSE	*	CA 🕶 *	95133 *	1316	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.



**CLICK HERE IF YOUR DDRESS IS NOT FOUND

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



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	APPLICATION NUMBER 12	
* Indicates a required field		PLEASE NOTE: You will not be
Student(s) Primary Household Parent/Guardian Emergency Contact Student	Review Staff Approval	
✓ Student Processing		able to skip sections if
Primary Phone		
Residence Address		required information is
▼ 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		missing.
Click here if your address does not populate.		
4 Previous		
Save/Continue		

DE

Silicon Valley

EΑ

Parents/Guardians Section



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

ndicates a requ		
	n Name: Parent Parent	Competer
Demographic	s	
PAREN Legal Fir	Add Parent/Guardian Title	
Legal M Legal La: Suffix Birth Dat Gender	Please add any Parent/Guardian including yourself in this area.	
Next »	Ok	
Contact Infor	mation	
Migrant Work	ter	
Military Famil	lies	
Parent Educat	tion Level	

Parents/Guardians Section



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

Infinite Campus Online	Registration			APPLICATION NU	AST SIDE I SCHOOL DISTRICT JOINT FLORE IMBER 12	PLEASE NOTE:
* Indicates a require	mary Household	▼Parent/Guardia	CEmergency	Contact		You can click on 'Edit/Review' button to
New Parent/Leg	al Guardian button to a nat person is missing require erson is completed.	dd additional parent	Completed			make changes to information added for each parent/guardian.

Parents/	Guardia	ans Sec	ction			EAST SIDE HIGH SCHOOL DISTRICT Silicon Valley
Infinite Campus Online * Indicates a require	d field				EAST SIDE High School District Memory APPLICATION NUMBER 12	PLEASE NOTE: Entries highlighted in
Student(s) Print Parent/Guard		▼Parent/Guardia	n SEmergency C	Student	Completed	yellow indicates missing information. Click on Edit/Deview to complete
First Name	Last Name	Gender	Completed			 Edit/Review to complete
Parent	Parent	F	1	Edit/Review		the section.
Parent	Parent			Edit/Review		
New Parent/Leg	al Guardian button to a at person is missing required in son is completed.	add additional parent	guardians of the student.	update information. Click the	Add	

Parents/Guardians Section



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

finite Campus Online	e Registration					ST SID SCHOOL DISTI .Riterer Halley
Indicates a require	ed field					
Student(s) Pri	mary Household	▼ Parent/Guardian	Emergence	y Contact	tudent Completed	
Parent/Guard						
First Name	Last Name	Gender	Completed			
Parent	Parent	F	1	Edit/Review		
New Parent/Leg	nary Parent/Guardians in gal Guardian button to a hat person is missing require verson is completed.	dd additional parent/g	uardians of the stuc	lent.	n. Click the Add	
Add New Parent/Gu Back Save/C	Continue					

Emergency Contacts Section



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

student(s) F	Primary Household	ontact Student Completed
emographic	S .	
Please co First Nar Middle N Last Nan Suffix Gender For more in	Emergency Contact Information Please enter Emergency Contacts. Do not enter Parent/Guardian(s) here if already entered in Parent/Guardian section.	nts.
Next)	Ok ave/Continue	

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.

inite Campus Online	Registration				APPLICATION NUMBE
ndicates a require	d field				
Student(s) Prin	nary Household	/ Parent/Guardian		Contact	Completed
mergency Co	ontact				
First Name	Last Name	Gender	Completed		
Parent	Parent	м	1	Edit/Review	
Proper identification	at person is missing required	a student is released t	to emergency conta	cts. Contacts must be 18 or o nue.	ilder.
The maximum numbe	er of Emergency Contacts is 4	4			
Add New Emergency Back Save/Co					

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.

		Emergency	Contact / Student	Completed
:t				
Last Name	Gender	Completed		
Parent	М	1	Edit/Review	
be required before	a student is released	to emergency contac		lder.
completed.				
	Last Name Parent s that can be conta be required before on is missing required	Last Name Gender Parent M s that can be contacted in the event of a be required before a student is released on is missing required information. Select the b	Last Name Gender Completed Parent M ✓ s that can be contacted in the event of an emergency be required before a student is released to emergency contacted in mergency contacted in substantiation. Select the highlighted row to continue	Last Name Gender Completed Parent M ✓ Edit/Review s that can be contacted in the event of an emergency. Edit/Review Edit/Review be required before a student is released to emergency contacts. Contacts must be 18 or o on is missing required information. Select the highlighted row to continue. Image: Contact Conta

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.

	te. If your student has t		student's name exact ter both in the box mark		
					If you
Legal First Name	* Gender	*	Enrollment Grade	* *	
Legal Middle Name Legal Last Name	Birth Date Foreign Exchai	nge* foreign exchange student	Boundary School: Unable t school	o determine boundary	names
Suffix (Jr., Sr., II) 🗘	0	t a foreign exchange			
Nickname	student	5			with
New Student Information					Ent
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



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

Student Section: Housing



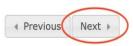
Please indicate student's current housing situation.

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.



Student Section: Student Services



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 Se Language services?	econd No 🕈 *	
Was your child reclassified from English Learner to Fluent English speaker?	No 🗘 *	



Student Section: Previous Schools



Please indicate student's previous schools attended.

Previous Schoo Please enter		Irding this student	's previous schools.		
	nded Last Year	_	School Attended 2 Y (Only enter if different		
School City		*	School		
State		• *	City		
Country		÷ *	State	ŧ	
Phone	() -	•	Country	\$	
When did your o	child first attend pub	nd school in the USA? lic school in California? Inter September 1st and		ā*	
What grade did	your child first atter	d school in California?	◆ *		
Has your child p	previously attended	a school in the East Sid	le Union High School District?	* *	
Middle School		*			
Previous No	ext)				

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.

Relationships - Parent/Legal Guardians

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

Name	Relationship*	Relationship* Guardian Mailing Portal Messenger			Secondary Household	Contact Order*	or	No longer a Parent/Legal Guardian		
Parent Parent	Mother	¢	1		1			1 \$	Ē.	

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.



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.

Relationships - Emergency Contacts A minimum of (1) Emergency Contact is required. Contact must be 18 years old or older.* Name Relationship* Contact Order* Parent Parent Aunt Contact Order* No longer a Contact 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/Leoal 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.

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.



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.

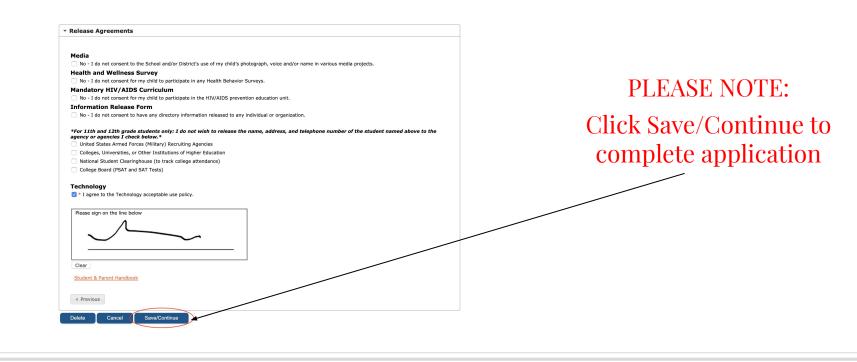
Previous
 Next

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

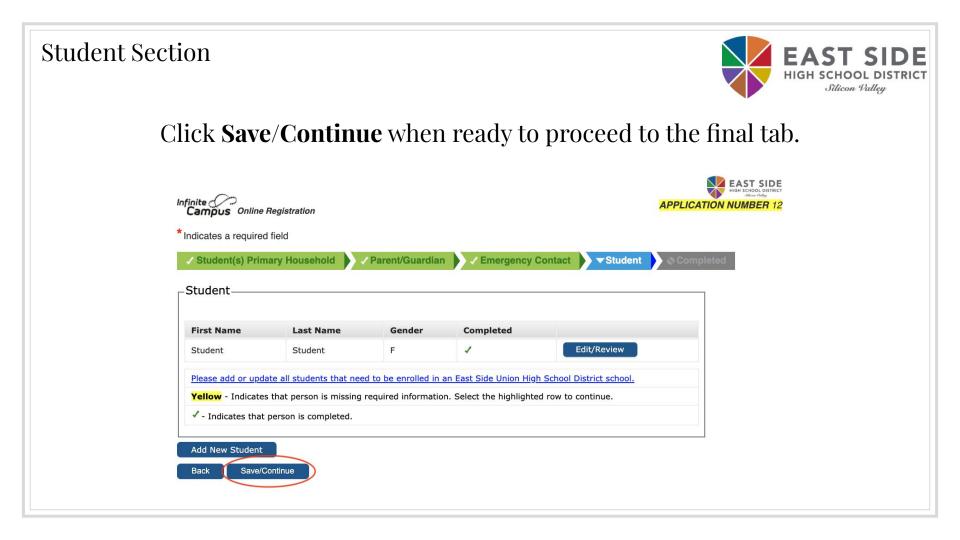
Student Section: Release Agreements



Please indicate preference in release agreements based on each category.





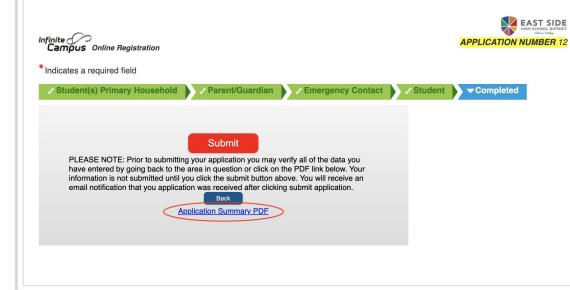


Completed



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