

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
<u>Oak Grove High</u>	Mike Lynch	lynchm@esuhsd.org	408-347-6514	Monday-Friday; 7:15 - 11:00
Piedmont Hills High	Crystal Hsieh	hsiehcr@esuhsd.org	408-347-3848	Monday-Thursday; 8:00 - 3:00
<u>Santa Teresa High</u>	Amy Ulloa	ulloaa@esuhsd.org	408-347-6212	Monday-Friday; 8:00 - 2:30
Silver Creek High	Lizbeth Aceves	acevesl@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
<u>Yerba Buena High</u>	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.

Campus Unline Registration		
HIGH SCHOOL DITERCT		
Please complete the information below to BEGIN the registration	process.	
Parent/Guardian Legal First Name		
Parent/Guardian Legal Last Name		1
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			A	PPLICATION NUM	INDOL DISTRICT	
* Indicates a required field						
▼Student(s) Primary Househo	ld OParent/Guardian	©Emergency Conta	Student	Completed		
✓ Primary Phone						
Primary Phone (555)555 - 5555 *	Voice Text(SMS)	<u>Cc</u> Emergency ₹	ontact Preferences Attendance & &	General ♥ ♥	Teacher V	
School Messenger Contact Prefer	ences - Please select the method	and preferences for receiv	<u>ving messages.</u>			
Emergency Attendance Marking this checkbox will Attendance Marking this checkbox will General Marking this checkbox will Fear more information click on this link Next +	use this method of contact for en use this method of contact for att use this method of contact for ge use this method of contact for ten	nergency messages. tendance messages. neral school messages, su acher-sent messages, incli	ch as those sent by the sc uding messages regarding	hool or district. failing grades and m	issing assignments.	
Home Address						
Save/Continue						

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.

Attendance Area Locator

	3		
Street Number 330 *	N,S,E,W Street Name Only	Street Abbreviation (St, Dr, Ave)	
City	State Zip Ext	t. County	
	* * *		
Clear Address Fiel	lds		
Address Box			
830 N CAPITOL AVE	, San Jose, CA 95133 1316 Santa Clara		
830 S CAPITOL AVE	, SAN JOSE, CA 95127 3740 Santa Clara		(
ou must select an	address from the Address Box above.		
	Your address as entered above		
	830 Capi		
lease upload a	a current utility bill to verify reside	nce in the district.	
Upload Utili	ity Bill/Mailed Communication		
Link Address 🥜 🛛 U	InLink Address d		
Link Address 🥜 🛛 U	InLink Address d		

Residence Address

4

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.

PLEASE NOTE: Please follow the cific instructions that are in Helpful hints:

- Type slowly
- Follow the numbered steps

blue.

If your address is within the East Side boundaries, it will appear in the Address Box

EAST SIDE HIGH SC 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	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 ADDRESS 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.



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 Contine Registration	APPLICATION NUMBER 12	
* Indicates a required field	marganou Contract	PLEASE NOTE: You will not be
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, Residence Address' box and use the Address Editor below to As you begin typing, your address should appear in the addr Same as Residence Address	, uncheck the 'Same as enter your mailing address. ress box and must be selected.	missing.
Click here if your address does not populate.		
« Previous		
Save/Continue		_

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Silicon Valley

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Parents/Guardians Section



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

finite Oni Campus Oni Indicates a requ	line Registration	APPLICATION NUMBER 12
Student(s) F Parent/Guardian	Parent/Guardian	Emergency Contact
 Demographic 	S	
PAREM Legal Fir Legal La Suffix Birth Da' Gender	Add Parent/Guardian Title Please add any Parent/Guardian including yourself in this area.	Ok
Next > > Contact Infor > Migrant Work	mation er	
Military Famil	ies	
Parent Educat	tion Level	
Cancel S	ave/Continue	

Parents/Guardians Section



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

Infinite Contraction	APPLICATION NUMBER 12	PLEASE NOTE:
*Indicates a required field Student(s) Primary Household Parent/Guardian	©Emergency Contact	You can click on
Parent/Guardian		'Edit/Review' button to
First Name Last Name Gender	Completed	make changes to
Parent Parent Please list all primary Parent/Guardians in this section. Click the New Parent/Legal Guardian button to add additional parent, Yellow - Indicates that person is missing required information. Select the Indicates that person is completed. Add New Parent/Guardian Back Save/Continue	Edit/Review button to update information. Click the Add juardians of the student, highlighted row to continue.	information added for each parent/guardian.

Parents/	Guardi	ans Sec	tion		EAST SIDE HIGH SCHOOL DISTRICT Siticon Palley
Infinite Campus Online	Registration			APPLICATION NUMBER 12	PLEASE NOTE:
* Indicates a require Student(s) Print Parent/Guard	d field nary Household	▼Parent/Guardia	OEmergency Contact	Student	yellow indicates missing information. Click on
First Name	Last Name	Gender	Completed		Edit/Review to complete
Parent Parent	Parent Parent	F	✓ Edit/R Edit/R	keview	the section.
Please list all prim New Parent/Leg Yellow - Indicates that ✓ - Indicates that per Add New Parent/Gu Back Save/C	ary Parent/Guardians in al Guardian button to t person is missing required son is completed.	n this section. Click th add additional parent I information. Select the hi	E Edit/Review button to update infor (guardians of the student. highted row to continue.	rmation. Click the Add	

Parents/Guardians Section



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

finite Campus Online	e Registration			APPLICA	EAST SI HIGH SCHOOL DI .Stewer Yaday
ndicates a require	ed field				
Student(s) Print	mary Household	▼ Parent/Guardian	Emergency	y Contact 💦 🗸 Student 🔷 🛇 Com	pleted
Parent/Guard	ian				7
First Name	Last Name	Gender	Completed		
Parent	Parent	F	1	Edit/Review	
Please list all prim New Parent/Leg Yellow - Indicates the prime of th	ary Parent/Guardians in j jal Guardian button to a hat person is missing require- erson is completed.	this section. Click the I dd additional parent/g d information. Select the H	Edit/Review buttor uardians of the stud ighlighted row to conti	<u>to update information. Click the Add ent.</u> nue.	
Add New Parent/Gu Back Save/C	ardian				

Emergency Contacts Section



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

act Name:	rinary nodsenoid	- Linergency Co	Garment	Completed
mographic	5			
Please co First Nar Middle N Last Nan Suffix Gender For more in	Emergency Contact Information Please enter Emergency Contacts. Do not enter Paren already entered in Parent/Guardian section.	nt/Guardian(s) here if	ıts.	
ntact Info		Ok		

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**



PLEASE NOTE:

Proper identification is

required before a student is

released to emergency

contacts.

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

mpus Online	e Registration			APPLICATION
icates a require	ed field			
Student(s) Pri	mary Household	Parent/Guardian		y Contact
nergency C	ontact			
irst Name	Last Name	Gender	Completed	
Parent	Parent	M		Edit/Review
<u>Please list up to 4</u> <u>Proper identificati</u> <u>rellow</u> - Indicates t - Indicates that p	Persons that can be conta on will be required before that person is missing required verson is completed.	acted in the event of a student is released information. Select the	an emergency. I to emergency conta highlighted row to conti	cts. Contacts must be 18 or older. nue.
dd New Emergenc	y Contact			

Emergency Contacts Section



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

Student(s) Pr	imary Household	✓ Parent/Guardian	▼ Emergenc	y Contact	Student Cor	mpleted
mergency (Contact	Gender	Completed			
arent	Parent	M	√	Edit/Revie	w	
Please list up to Proper identificat Yellow - Indicates	4 persons that can be con tion will be required befor that person is missing require	tacted in the event of a e a student is released ed information. Select the I	an emergency. to emergency conta highlighted row to conti	cts. Contacts must l nue.	be 18 or older.	

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 a on the birth cer without a dash in	dd your student tificate. If your between.	's information student has	n below. Enter the two last names, er	student's name exact ter both in the box mark	tly as it appears ked "last name"	
						If you
Legal First Name		Gender	*	Enrollment Grade	*	•
Legal Middle		Birth Date	ā*	Boundary School: Unable school	to determine boundary	names
		Foreign Excha	nge*	501001		m
	•	 Yes, this is a 	foreign exchange student			
Sullix (Jr., Sr., II)	•	No, this is no student	t a foreign exchange			with
Nickname		student				VVI UII
New Student Information	<u>n</u>					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 th (Hisp Centr *Plea	is student Hispanic or Latino Ethnicity anic/Latino is an ethnic group describing people of Cuban, N ral or South American, or other Spanish culture or origin, re ase check all that apply. At least one race/ethnici	1exical gardle ty is	n, Puerto Rican, • * ss of race) required.						
	American Indian or Alaska Native		Laotian (from Asia)		Hawaiian				
	(persons having origins in North, Central, or South America)	\Box	Cambodian		Guamanian				
	Chinese		Hmong	\Box	Samoan				
	Japanese		Other Asian	\Box	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 Second Language services?	No \$*
Was your child reclassified from English Learner to Fluent English speaker?	No 🕈 *



Student Section: Previous Schools



Please indicate student's previous schools attended.

School Atte	nded Last Year	School Atter (Only enter if	nded 2 Years Ago f different from last year)	
School	*	School		
State		City		
Country		* * State	¢	
Phone	() -	Country	\$	
-	hild first attend nublic so	chool in California?	51.	
Vhen did your o If you don't kn	ow the exact day, enter .	September 1st and the correct year)	<u>ل</u> اله	
Vhen did your o <i>If you don't kn</i> Vhat grade did	your child first attend sc	September 1st and the correct year)	<u>u</u> *	
When did your o <i>'If you don't kn</i> What grade did Has your child p	your child first attend sc reviously attended a sch	September 1st and the correct year) hool in California? ool in the East Side Union High School Dist	trict? + *	

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

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* Parent Parent Aunt Aunt 2 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.

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