



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
<u>Andrew P. Hill High</u>	Nicole Nguyen	nguyennic@esuhds.org	408-347-4114	Monday-Friday; 8:00 - 2:30
<u>Evergreen Valley High</u>	Gina Conley	conleyg@esuhds.org	408-347-7104	Mon, Tues, Thurs; 8:30 - 3:00 Wed & Fri; 8:30 - 12
<u>Independence High</u>	Alicia Suba	subaa@esuhds.org	408-928-9514	Monday-Friday; 8:00 - 2:00
<u>James Lick High</u>	Jamie Petrovich	petrovichj@esuhds.org	408-347-4421	Monday-Friday; 8:00 - 2:30
<u>Mount Pleasant High</u>	Angelica Heredia	herediaa@esuhds.org	408-937-2834	Monday-Friday; 8:00 - 2:30
<u>Oak Grove High</u>	Mike Lynch	lynchm@esuhds.org	408-347-6514	Monday-Friday; 8:00 - 4:00
<u>Piedmont Hills High</u>	Elsa Frausto	fraustoe@esuhds.org	408-347-3848	Monday-Thursday; 8:00 - 3:00
<u>Santa Teresa High</u>	Maria Paola Ferreyra Alvarez	ferreyraalvarezm@esuhds.org	408-347-6212	Monday-Friday; 8:00 - 2:30
<u>Silver Creek High</u>	Sherry Linayao	linayaos@esuhds.org	408-347-5644	Monday-Friday; 8:00 - 2:30
<u>William C. Overfelt High</u>	Norma Rodriguez	rodrigueznm@esuhds.org	408-347-5939	Monday-Friday; 8:00 - 2:30
<u>Yerba Buena High</u>	Linh Giang	giangl@esuhds.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.


Infinite Campus Online Registration




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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 →	<input type="checkbox"/>	
Please type the letters you see displayed in the image below.		





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.

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.



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 ESUHSU 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	408-828-9514	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	408-347-4212	billingn@esuhsd.org
Silver Creek	Alison Montgomery	408-347-5644	montgomerya@esuhsd.org
W.C. Overfelt	Norma Rodriguez	408-347-5939	rodrigueznr@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.



*Indicates a required field



Primary Phone

Primary Phone	Voice	Emergency	Contact Preferences Attendance	General	Teacher
(555) 555-5555*	Text(SMS)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

[School Messenger Contact Preferences - Please select the method and preferences for receiving messages.](#)

Emergency

- Marking this checkbox will use this method of contact for emergency messages.

Attendance

- Marking this checkbox will use this method of contact for attendance messages.

General

- Marking this checkbox will use this method of contact for general school messages, such as those sent by the school or district.

Teacher

- Marking this checkbox will use this method of contact for teacher-sent messages, including messages regarding failing grades and missing assignments.

[For more information click on this link.](#)

Next >

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



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Silicon Valley

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



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 * N,S,E,W * 3 * 2 (if applicable) * Street Abbreviation (St, Dr, Ave) * APT/SPC/UNIT

City * State * Zip * Ext. County

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.

[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 Name 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.

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



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



* Indicates a required field



- 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.

Infinite Campus Online Registration

EAST SIDE HIGH SCHOOL DISTRICT
APPLICATION NUMBER 12

* Indicates a required field

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

Parent/Guardian Name: Parent Parent

Demographics

PAREN

Legal F
Legal M
Legal L
Suffix
Birth D
Gender

Add Parent/Guardian Title

Please add any Parent/Guardian including yourself in this area.

Ok

Next >

▶ Contact Information

▶ Migrant Worker

▶ Military Families

▶ Parent Education Level

Cancel Save/Continue

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



* Indicates a required field



Parent/Guardian

First Name	Last Name	Gender	Completed	
Parent	Parent	F	✓	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.

PLEASE NOTE:
You can click on 'Edit/Review' button to make changes to information added for each parent/guardian.

[Add New Parent/Guardian](#)

[Back](#) [Save/Continue](#)

Parents/Guardians Section



* Indicates a required field



Parent/Guardian

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.



* Indicates a required field



Parent/Guardian

First Name	Last Name	Gender	Completed	
Parent	Parent	F	✓	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](#)

Emergency Contacts Section



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

Infinite Campus Online Registration



* Indicates a required field



Contact Name:

Demographics

Please complete the following information for your emergency contact(s).

First Name *

Middle Name

Last Name *

Suffix

Gender

[For more information, click here.](#)

Next >

Contact Information

Please enter Emergency Contacts. Do not enter Parent/Guardian(s) here if already entered in Parent/Guardian section.

Ok

Cancel Save/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**.



* Indicates a required field



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](#)

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.



* Indicates a required field



Emergency Contact

First Name	Last Name	Gender	Completed	
Parent	Parent	M	✓	<input type="button" value="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

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 <input type="text"/> *	Gender <input type="text"/> *	Enrollment Grade <input type="text"/> *
Legal Middle Name <input type="text"/>	Birth Date <input type="text"/> *	Boundary School: Unable to determine boundary school
Legal Last Name <input type="text"/> *	Foreign Exchange* <input type="radio"/> Yes, this is a foreign exchange student	
Suffix (Jr., Sr., II) <input type="text"/>	<input checked="" type="radio"/> No, this is not a foreign exchange student	
Nickname <input type="text"/>		

[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



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.**

- | | | |
|--|---|--|
| <input type="checkbox"/> American Indian or Alaska Native
<i>(persons having origins in North, Central, or South America)</i> | <input type="checkbox"/> Laotian <i>(from Asia)</i> | <input type="checkbox"/> Hawaiian |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Cambodian | <input type="checkbox"/> Guamanian |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> Hmong | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Korean | <input type="checkbox"/> Other Asian | <input type="checkbox"/> Tahitian |
| <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Filipino | <input type="checkbox"/> Other Pacific Islander |
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Black or African American | <input type="checkbox"/> White
<i>(persons having origins in Europe Middle East or N. Africa)</i> |
| <input type="checkbox"/> 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



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

Which language did your child learn when first beginning to talk?

Which language does your child most frequently speak at home?

Which language do you use most frequently to speak to your child?

Which language is most often spoken by adults in the home?

Has your child ever received English Language Development or English as a Second Language services?

Was your child reclassified from English Learner to Fluent English speaker?

English ⌵ *

English ⌵ *

English ⌵ *

English ⌵ *

English ⌵ *

No ⌵ *

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 <i>(Only enter if different from last year)</i>
School <input type="text"/> *	School <input type="text"/>
City <input type="text"/> *	City <input type="text"/>
State <input type="text"/> ↓ *	State <input type="text"/> ↓
Country <input type="text"/> ↓ *	Country <input type="text"/> ↓
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.

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	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		1		<input type="checkbox"/>

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*	or	No longer a Contact
Parent Parent	Aunt	2		<input type="checkbox"/>

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

◀ 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

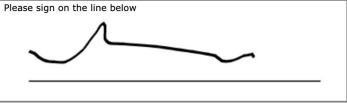
National Student Clearinghouse (to track college attendance)

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.

Infinite Campus Online Registration

EAST SIDE HIGH SCHOOL DISTRICT
APPLICATION NUMBER 12

PLEASE NOTE:

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

* 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.



* Indicates a required field



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](#)

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.



* Indicates a required field



PLEASE NOTE:

You cannot make changes to your application once it has been submitted.

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.



EAST SIDE
HIGH SCHOOL DISTRICT
Silicon Valley

THANK YOU!

Any questions?

Please contact your school site Registrar