

# Infinite Campus

# Registro en Línea

Guía del usuario para los Estudiantes Matriculados

## **REGISTRO EN LÍNEA**

Bienvenidos al sistema de actualización anual por medio de Registro en Línea (OLR) del distrito de escuelas preparatorias William S. Hart.

Padres/Tutores de estudiantes ya matriculados y que continuarán en el Distrito Hart se registraran para el próximo año al iniciar sesión en el Portal para Padres de Infinite Campus.

Si no tiene cuenta para el Portal para Padres, debe solicitar que se configure una cuenta visitando al sitio: <u>http://www.hartdistrict.org/apps/pages/infinite-campus</u>

## PASO 1 - ACCESO A LA REGISTRACIÓN EN LÍNEA

Iniciar sesión en el Portal para Padres de Infinite Campus a a través de: <u>https://campus.hartdistrict.org/campus/portal/hart.jsp</u> Para mejores resultados use el navegador Firefox o Chrome, y desactive el bloqueador de ventanas emergentes.

	Campus Portal
Username	William S Hart Union High School
Password	
Sign In እ	
Forgot your password?   Forgot your i	username?   Problems logging in?
If you do not have an Activation Key, clic	k here
Tell me more!	

Al iniciar sesión en el Portal de Padres de Infinite Campus el enlace para el **Registro en Línea** para la actualización anual estará activo. Este enlace estará en el menú del lado izquierdo. Por favor haga clic en este enlace para actualizar la información de su (s) estudiante (s).

Studen	t Test-OLR	Welcome Parent Test-OLR	Try the new Campus Parent	L Sign Out
18-19 Can Student N Grade: 09	yon High School lumber: 88888888			Infinite Campus
Student	District Announcements - 0 messages			
Calendar >	School Announcements - 0 messages			
Schedule >				
Responsive Schedule >				
Attendance >				
Grades >				
Health >				
Assessment >				
Transportation >				
Fees >				
Reports >				
Family				
Messages				
User Account				
Account Settings >				
Contact Preferences >				
Notification Settings >				
Online Registration				

Se lo llevará a una pantalla que le preguntará si está inscribiendo a un estudiante existente o nuevo. Por favor haga clic en el botón **Registro de Estudiante Existente** (Click here to go to **Existing Student Registration**).

Infinite Campus	
🖸 Parent Test-OLR	
Online Registration	
Please select from the following: Register student(s) who are currently enrolled in this district. or	Register student(s) who have never been enrolled in this district.
Click here to go to Existing Student Registration	Click here to go to New Student Registration

Se lo llevará a una pantalla que muestra la información de su (s) estudiante (s) activo (s). Para continuar con la actualización, haga clic en el botón **Iniciar Registro** (**Begin Registration** ) en la parte inferior de la pantalla.

ampus				
arent Test-OLR				
ne Registration				
Welcome to Online Registration Begin Registration to continue	on. You will se	ee the household, parent/guardi	an and emergency contact inform	nation and will be able to change it if necessary. Press the
Existing Student Registration	on			
This editor is to update data f	or students the	at are currently enrolled in the Distr	ict. You may add new students that a	re registering for the SELECT year later in the process.
		1.	.5	
If you only want to register no	ew students fo	r the selected year at this time, plea	se use the link below to go to the Ne	w Student Registration form.
Click here to go to New Studen	t Registration			
Student Name	Grade	Included in new App?	Reason if not included	Online Registration Submitted
Student Test-OLR	10	Ves	Included	no
Oldonie iest OEIT	100 March 1	1 course	moludeu	IIO
Registration Year 2019-20 V	]*		moluded	ing.
Registration Year 2019-20 V	]*		moludeu	IN.

Si este botón no está disponible para usted, mire la tabla para ver si está incluido en la Aplicación y, de no ser así, el motivo indicado. *Tenga en cuenta que para reducir la duplicación, solo el padre/tutor en el Hogar Primario designado tiene acceso a la actualización.* Si uno de los padres/tutores ya inició el proceso de actualización de la aplicación, los padres/tutores posteriores ya no tendrán acceso.

#### PASO 2 - COMIENZO DE REGISTRO / SOLICITUD DE ACTUALIZACIÓN ANUAL

Al hacer clic en el botón Iniciar Registro (Begin Registration) en el Portal Para Padres de Infinite Campus, se activará la Solicitud de Registro en Línea.

Infinite Online Registration	Application Number 2952
English   Español	
Select your preferred language.	
Selecciona tu idioma preferido.	

Tendrá la opción para completar este proceso en inglés o español. Por favor seleccione su idioma preferido.

A continuación, se le pedirá que escriba y firme su nombre para la verificación. Utilice el ratón o el trackpad de su computadora para firmar su nombre en el cuadro de firma provisto y haga clic en **Enviar (Submit)**.

Indication Inglish   Español	Application Number 295
Welcome Parent Test-OLR! 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. Parent Test-OLR Please sign on the line below.	

Aparecerá una página de introducción con una lista de información que deberá tener a mano para completar con éxito la Solicitud de Registro en Línea.

Infinite Campus Online Registration	Application Number 2952
English   Español	
William S. Hart Union High School District	
Welcome to Online Registration!	
Before you begin the registration process, please gather the following:	
<ul> <li>Household information address and phone numbers</li> <li>Parent information work and cell phone numbers, email addresses</li> <li>Student information demographic and health/medication information</li> <li>Emergency Contact addresses and phone numbers.</li> </ul>	
Note: Required fields are marked with a red asterisk (*), and the district will receive the data exactly as it is should be entered as MM/DD/YYYY and phone numbers as xxx-xxx-xxxx.	entered. Please be careful of spelling, capitalization and punctuation. Dates
If you need assistance, please contact your school site Registrar's Office.	
Begin	

#### PASO 3 - ACTUALIZAR LA INFORMACIÓN EN LAS SECCIONES DE APLICACIÓN

#### SECCIÓN 1 - HOGAR PRIMARIO DE (LOS) ESTUDIANTE(S)

Esta sección de la solicitud recopila información como el número de teléfono, el domicilio del hogar y la dirección postal del lugar de residencia principal del estudiante.

*Como Estudiante Matriculado, cierta información se completará en los campos según nuestros registros actuales. Esto puede demorar entre 10 y 15 segundos en cargarse.* 

Una vez que su información para esta sección esté completa, haga clic en **Guardar/Continuar** (Save/Continue) para pasar a la siguiente sección.

Sugerencia: Si no se necesita actualizar nada de esta información, haga clic en **Continuar (Next)** en cada pliegue para avanzar sin hacer ningún cambio.

Student(s) Primary Household	OParent/Guardian
Home phone	
Home Phone	
(661)259 -0033 *	
For more information click on this lin	1k.
Next >	
Home Address	
Mailing Address	

Si su **domicilio residencial** ha cambiado, marque la casilla y siga las indicaciones para ingresar su nueva dirección residencial.

	Your address as listed in the portal	
	21300 Ada St	
	Canyon Country, CA 91387	
The home address	sted is no longer current	
For more information	dials this lists	
ror more miormation	nee this link.	
I Previous Next		
Mailing Address		

Una vez que haya ingresado su nueva **domicilio residencial**, haga clic en **Siguiente (Next)** para avanzar al siguiente pliegue.

	x312.0K												
		Your addres	s as listed in t	the portal									
		21300 Ada 5	St										
		Canyon Cou	intry, CA 9138	87									
The home	address I	isted is no lo	nger current										
lease enter t	he date th	at the mailin	ng address be	came inacti	ive for this	househo	ild.		a *				
Please verify	or add th	e information	n below. Pleas	se update ar	ny informa	tion that	is incorrect.						
umber		Prefix	Street				Rd./St./etc.	Direction Apa	rtment				
	*	~				*	~	~					
ity			State	Zip	E	d.							
		*	~ *		*								
Clear Addres	ss Fields												
Click on you	ır address	if it appears	in box ——										
		Your addres	s as entered :	abova									
		Tour address	s as entered a	30046									
Con more infe	-	diele this lists											
	Jimacion	AICK UNS IIIK	1										
Previous	Next 🕨												
Previous	Next 🕨												
<ul> <li>Previous</li> <li>ailing Addre</li> </ul>	Next +												

Repita estos pasos para la domicilio para correo (Mailing Address).

#### SECCIÓN 2 - PADRE / TUTOR

Esta sección de la solicitud contiene información demográfica básica para el (los) padre (s) / tutor (es) en el lugar de residencia principal del estudiante. Si el nombre del padre / tutor está resaltado en amarillo, significa que falta información requerida. Haga clic en el botón Editar/Revisar (Edit/Review) para actualizar los datos demográficos de cada persona en esta sección. Continúe navegando a través de los pliegues en la sección Padre/Guardián como en la sección anterior.

Una vez que la información demográfica de cada padre/tutor en esta sección esté completa, haga clic en **Guardar/Continuar** (Save/Continue) para pasar a la siguiente sección.

Sugerencia: Si falta un padre / tutor en esta sección, puede agregarlos haciendo clic en el botón Agregar Nuevo Padre/Tutor (Add New Parent/Guardian). Tenga en cuenta que el Registradora de la escuela puede requerir una identificación adicional antes de aceptar estos cambios.

dicates a requir	ed field	▼Parent/G	uardian 💦 🔿 En	nergency Contact	Student
Parent/Gua	rdian				
First Name	Last Name	Gender	Completed	Record Type	
Guardian	Test-OLR	F		Existing	Edit/Review
Parent	Test-OLR	м		Existing	Edit/Review
<u>Please list all prir</u>	nary Parent/Guardian's	in this area.			<u>.</u>
Yellow - Indicate	es that person is missing	required informat	ion. Select the highligh	nted row to continue.	

#### SECCIÓN 3 - CONTACTO EN CASO DE EMERGENCIAS

En esta sección de la solicitud reemplaza las Tarjetas de Contacto en caso de Emergencia que se llenaban a mano anteriormente. Haga clic en el botón **Agregar Nuevo Contacto de Emergencia (Add New Emergency Contact)** para ingresar un mínimo de dos (2) contactos que deben contactarse en caso de una emergencia en la que no se pueda acceder al padre/ tutor.

Cuando haya cumplido con el requisito de dos (2) Contactos de Emergencia, haga clic en **Guardar/Continuar** para pasar a la siguiente sección.

Sugerencia: Los contactos de emergencia solo se pueden ingresar uno a la vez. Cuando complete la información de un contacto de emergencia, tendra que regresar a la sección de contacto de emergencia. Haga clic en el botón Agregar Nuevo Contacto de Emergencia para crear el segundo contacto de emergencia.

🗸 Student(s) P	rimary Household	✓ Paren	t/Guardian	▼Emergency Conta	ct OStudent	Completed
Emergency	Contact					
First Name	Last Name	Gender	Completed	Record Type	Remove Existing Contac	t
In an EMERGENC shown before a s	<u>Y, if parent/guardian c</u> tudent will be released	annot be contacte to emergency co	d, please call one of ntacts.	the following Emergency (	Contacts listed. Proper identifica	tion must be
Yellow - Indicat	es that person is missir	g required inform	nation. Select the hig	hlighted row to continue.		
<ul> <li>Indicates the</li> </ul>	at person is completed					
The maximum nu	umber of Emergency Co	ontacts is 6				

Si ya se han ingresado Contactos de Emergencia, tendrá la oportunidad de **Editar/Revisar (Edit/Review)** su información para asegurarse de que la información esté actualizada.

dicates a requ	Primary House	ehold	🗸 Parent/Guar	dian <b>Teme</b>	ergency Contact	ent Completed
Emergenc	y Contact_					
First Name	Contact	Gender	Completed	Existing	Remove Existing Contact	Edit/Review
Second	Contact	м		Existing		Edit/Review
<u>In an EMERGE!</u> <u>be shown befo</u> <b>Yellow</b> - Indic	NCY, if parent/qua re a student will b ates that person is	rdian cannot t e released to s missing requ	pe contacted, plea emergency conta iired information.	se call one of the fo cts. Select the highlighte	llowing Emergency Contacts listed. I	Proper identification must
<ul> <li>Indicates t</li> </ul>	hat person is com	pleted.				
The maximum	number of Emerg	ency Contacts	s is 6			

staden(s) Finiary Rousenou	Parentiguardian	rgency contact	Zistiment - Combinition	
emographics				
not provide student medical or accide Please complete the following informa First Name Middle Name Last Name	nt insurance for school-related injuries tion for each emergency contact for you First	Alternate emergency con	acts must be local.	
Suffix Bith Data				
Gender	Female 💭 *			

	rmation for t	nis emer	rgency co	ontact.				
least one Phone N	umbe <mark>r is req</mark> u	uired.*						
Iome Phone	(661	) 555	- 1234					
Cell Phone	C	)	-					
Vork Phone	(	)	-	×				
mail								
or more informati	on click on thi	s link.						
Previous Nex	E 🕨							

Please enter the add appear in our system	ress for this emergency contact. This information will only be used to verify the contact doesn't already n.
	Please check this box if this person lives at the address listed below.
	21300 Ada St Canyon Country, CA 91387
or	
Address Line 1	
Address Line 2	
	Example Address Line 1 - 123 S Main St Apt 4 Address Line 2 - Santa Clarita, CA 12345
For more informatio	on click on this link.
Previous	

Cuando haya actualizado la información y haya cumplido con el requisito de dos (2) Contactos de emergencia, haga clic en **Guardar/Continuar** (Save/Continue) para pasar a la siguiente sección.

#### **SECCIÓN 4 - ESTUDIANTE**

Esta sección de la aplicación recopila los datos del estudiante, incluidos datos demográficos, relaciones y secuencia de contactos.

Si el nombre del estudiante está resaltado en amarillo, significa que falta información requerida. Haga clic en el botón **Editar/Revisar** para actualizar los datos demográficos de cada persona en esta sección. Continúe navegando a través de los pliegues en la sección Estudiante como en la sección anterior.

Sugerencia: Si no necesita actualizar ninguna de la información, haga clic a **Continuar** en cada pliegue para avanzar sin hacer ningún cambio.

Infinite Campus Onl	ine Registration				Application Number 2952
* Indicates a require	d field				
🗸 Student(s) Pr	imary Household	✓ Parent/G	uardian 🔪 🗸 Em	ergency Contact	Student
_Student					
First Name	Last Name	Gender	Completed	Record Type	
Student	Test-OLR	м		Existing	Edit/Review
Please include all s	students that need to be	e enrolled.			
Yellow - Indicates	s that person is missing	required informat	ion. Select the highligh	ted row to continue.	
<ul> <li>Indicates that</li> </ul>	the student data is cor	npleted. Please ad	d any additional studer	nts <b>OR</b> click Save/Continue to	o submit your form.
Add New Studer	nt				
Back Sa	ve/Continue				

La sección de estudiantes contiene la mayor información. Los siguientes serán varios pliegues que recopilan y / o confirman la información en nuestros registros.

En cualquier momento en que falte la información requerida de un pliegue, habrá una bandera **roja** sobre esa sección. Complete todas las áreas con asteriscos rojos o banderas rojas y haga clic en el botón **Siguiente (Next)** para continuar.

/ Student(s) Primary H	lousehold 🔰 🗸 Par	ent/Guardian	Emergency	Contact Student Completed
tudent Name: Studer	nt Test-OLR		-	
Demographics				
box marked "last name".	Student	without a dash ir	Male *	Enrollment Grade 10 v*
Middle Name		Birth Date	01/01/2005	* Enrolled School: Canyon High School
Last Name	Test-OLR	at.		The highest education level of any Parent or Guardian in the torme is:
Suffix	$\times$			*
Nickname				
Student Cell Number	() -			
Student Email Address				

El pliegue de **Raza Etnia (Race Ethnicity)** extrae información directamente del registro del estudiante y no se puede editar en Registro en Línea (OLR). Haga clic en **Siguiente (Next)** y continúe con el siguiente pliegue.

Si la información en nuestros registros esta incorrecta, complete la solicitud tal como está. Una vez que haya enviado los cambios, debe comunicarse con la Registradora en la escuela de asistencia de su estudiante para hacer los cambios necesarios.

Is the	e student Hispanic or Latino? No 🔍	*		
*Plea	ase check all that apply.			
	American Indian or Alaska Native		Laotian	Hawaiian
	Chinese		Cambodian	Guamanian
	Japanese		Hmong	Samoan
	Korean		Other Asian	Tahitian
	Vietnamese		Filipino	Other Pacific Islander
	Asian Indian	$\checkmark$	Black or African American	White
For m	Decline to State nore information click on this link.			
For m	Decline to State nore information click on this link, avious Next >			
For m	Decline to State ore information click on this link, evious Next + onships - Parent/Guardians			
For m 4 Pre Relation Relation	Decline to State ore information click on this link. evious Next > onships - Parent/Guardians onships - Emergency Contacts			
For m For m Relation Relation Health	Decline to State nore information click on this link, evious Next > onships - Parent/Guardians onships - Emergency Contacts Services - Emergency Informat	tion		
For m For m Relation Relation Health Health	Decline to State nore information click on this link. evious Next > mships - Parent/Guardians onships - Emergency Contacts Services - Emergency Informat Services - Medical or Mental He	tion salth (	Conditions	
For m For m A Pre Relation Relation Health Health Health	Decline to State nore information click on this link, evious Next > onships - Parent/Guardians onships - Emergency Contacts Services - Emergency Informat Services - Medical or Mental He Services - Medications	tion alth (	Conditions	

El pliegue Relaciones - Padres/Guardianes le permite establecer las **Secuencias de Contacto (Contact Sequences)** y las preferencias.

**Sugerencia**: Las secuencias de contacto 1 y 2 reciben todas las comunicaciones de la escuela y del distrito. Utilice esas designaciones para los padres/tutores legales de los estudiantes solamente.

	/Guardians									
At least one person mus	t be marked as 'Gu	uardian'.*								
Name	Relations	nip*	Guardian	Mailing	Portal	Messenger	Secondary Household	Contact Sequence*	or	No Relationship
Guardian Test-OLR	Mother	~	$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$		1 🗸	L	
Parent Test-OLR	Father	~	$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$		2 🗸	Г	
Mailing - Marking this Portal - Marking this c Messenger - Marking Secondary Househol Contact Sequence - / 1. No Relationship - Mai	checkbox will flag theckbox will flag theckbox will flag theckbox will flag this checkbox will flag. Adding this checkbox fing this checkbox fring this checkbox	this person to nis person as lag this person number on c	receive mailin a portal accour on to receive m indicate that the ontacts will pro	gs for the nt, and this ressages fr student his mpt distric	student. person w rom the D as a secor at staff to o	ill be able to vi strict's messen idary househol- contact these p	ew student information with ger system. d membership with this per ersons in the order that you	in the portal for this stude son I specify. Parent/Guardian	ent. s should star	rt with a sequence of
has a relationship to th For more information o  Previous Next + Relationships - Emerge	click on this link.	( will indicate	that this perso e ended if one	n does not exists.	share a r	elationship to ti	ne student. By checking this	: checkbox you are indical	ing that this	person no longer
has a relationship to th For more information ( Previous Next + Relationships - Emerge Health Services - Emerge	click on this link.	kin indicate tionship will b	that this perso e ended if one	n does not exists.	share a r	elationship to ti	ne student. By checking this	: checkbox you are indical	ing that this	person no longer
has a relationship to th For more information of Previous Next + Relationships - Emergen Health Services - Emergen Health Services - Medi	click on this link, click on this link, ency Contacts rgency Informati cal or Mental He:	ion	that this perso e ended if one	n does not exists.	share a r	elationship to ti	e student. By checking this	: checkbox you are indical	ing that this	person no longer
has a relationship to th For more information of Previous Next > Relationships - Emergen Health Services - Emer Health Services - Medi Health Services - Medi	dick on this link. dick on this link. ency Contacts rgency Informati cal or Mental Hei cations	ion	that this perso e ended if one	n does not exists.	share a r	elationship to ti	e student. By checking this	; checkbox you are indical	ing that this	person no longer

Cuando llegue al pliegue de relaciones de contactos de emergencia, se le pedirá que proporcione una relación y una secuencia de contactos. Seleccione **Contacto de Emergencia** de la lista desplegable de relaciones.

A minimum of (2) Emergency Contacts are required*   Name Relationship* Contact Sequence* or No F   First Contact Emergency Contact 3 4 1    Description of Contact Preferences Contact Sequence - Adding a sequence number on contacts will prompt district staff to contact these persons in the order that you specify. Parent/Guardians should start 1. No Relationship - Marking this checkbox will indicate that this person does not share a relationship to the student. By checking this checkbox you are indicating that this person does not share a relationship to the student. By checking this checkbox you are indicating that this phas a relationship to the student. By checking this checkbox you are indicating that this phas a relationship to the student. By checking this checkbox you are indicating that this phas a relationship to the student. By checking this checkbox you are indicating that this phas a relationship to the student. By checking this checkbox you are indicating that this phas a relationship to the student. By checking this checkbox you are indicating that this phas a relationship to the student. By checking this checkbox you are indicating that this phas a relationship to the student. By checking this checkbox you are indicating that this phas a relationship to the student. By checking this checkbox you are indicating that this phas a relationship to the student. By checking this checkbox you are indicating that this phas a relationship to the student. By checking this checkbox you are indicating that this phas a relationship to the student. By checking this checkbox you are indicating that this phase a relationship to the student. By checking this checkbox you are indicating that this phase a relationship to the student check are phase are				5	Relationships - Emergency Contact
Name       Relationship*       Contact Sequence*       of       No F         First Contact       Emergency Contact v       3 v       1         Second Contact       Emergency Contact v       3 v       1         Description of Contact Preferences       4 v       1         Contact Sequence - Adding a sequence number on contacts will prompt district staff to contact these persons in the order that you specify. Parent/Guardians should start 1.       No Relationship to the student. By checking this checkbox you are indicating that this person does not share a relationship to the student. By checking this checkbox you are indicating that this phas a relationship to the student. The relationship will be ended if one exists.         For more information click on this link.       Image Previous       Next +         tealth Services - Emergency Information       Image Previous       Image Previous         tealth Services - Medications       Image Previous       Image Previous         tealath Services - Medication				s are required*	A minimum of (2) Emergency Contact
First Contact Emergency Contact 3 1   Second Contact Emergency Contact 3 1   Description of Contact Preferences 4 1    Contact Sequence - Adding a sequence number on contacts will prompt district staff to contact these persons in the order that you specify. Parent/Guardians should start 1. No Relationship - Marking this checkbox will indicate that this person does not share a relationship to the student. By checking this checkbox you are indicating that this person does not share a relationship to the student. By checking this checkbox you are indicating that this person does not share a relationship to the student. By checking this checkbox you are indicating that this person does not share a relationship to the student. By checking this checkbox you are indicating that this person for exists.  For more information click on this link.       Image: Previous Next +    tealth Services - Medical or Mental Health Conditions    tealth Services - Medications   tealth Services - Medications	No Relationship	or	Contact Sequence*	Relationship*	Name
Second Contact       Emergency Contact       Imergency Contact       Imerg		I	3 🗸	Emergency Contact 🗸	First Contact
Description of Contact Preferences Contact Sequence - Adding a sequence number on contacts will prompt district staff to contact these persons in the order that you specify. Parent/Guardians should start 1. No Relationship - Marking this checkbox will indicate that this person does not share a relationship to the student. By checking this checkbox you are indicating that this p has a relationship to the student. The relationship will be ended if one exists. For more information click on this link. Previous Next > tealth Services - Emergency Information tealth Services - Medications telease Agreements		Г	4 🗸	Emergency Contact	Second Contact
Contact Sequence - Adding a sequence number on contacts will prompt district staff to contact these persons in the order that you specify. Parent/Guardians should start 1. No Relationship - Marking this checkbox will indicate that this person does not share a relationship to the student. By checking this checkbox you are indicating that this p has a relationship to the student. The relationship will be ended if one exists. For more information click on this link. ( Previous Next > tealth Services - Emergency Information tealth Services - Medications telease Aarcements					Description of Contact Preferences
No Relationship - Marking this checkbox will indicate that this person does not share a relationship to the student. By checking this checkbox you are indicating that this p has a relationship to the student. The relationship will be ended if one exists.	uld start with a sequence o	pecify. Parent/Guardiar	o contact these persons in the order that you	ence number on contacts will prompt district staff t	Contact Sequence - Adding a sequ 1.
Health Services - Emergency Information Health Services - Medical or Mental Health Conditions Health Services - Medications Health Services - Medications					
Health Services - Medical or Mental Health Conditions Health Services - Medications Itelease Anreements				<u>k.</u>	For more information click on this lin
Health Services - Medications				k. mation	For more information click on this lin
telease Agreements				k. mation I Health Condition <del>s</del>	For more information click on this lin Previous Next + Health Services - Emergency Infor Health Services - Medical or Menta
				k. mation I Health Conditions	For more information click on this lin Previous Next + Health Services - Emergency Infor Health Services - Medical or Menta Health Services - Medications
Cancel Save/Continue				k. mation I Health Conditions	For more information click on this lin Previous Next + Health Services - Emergency Infor Health Services - Medical or Menta Health Services - Medications Release Agreements

También le pedimos que elija números superiores a 1 y 2 como la **Secuencia de Contacto** para sus contactos de emergencia. Esto asegura que los Contactos de Emergencia no recibirán comunicaciones escolares para su (s) estudiante (s).

Los pliegues de los **Servicios de Salud (Health Services)** son los siguientes. Aquí es donde se recopila información como la información de contacto de **Atención Primaria(Primary Care)**, las **Condiciones de Salud** y los **Medicamentos**.

Providing the following information is optional.			
Primary Care Provider	Dr. Mario		
Primary Care Phone	(661)55	- 5555	
medications. You will be required to provide im	munization documentatio	at your reg	stration appointment.
medications. You will be required to provide imi	munization documentatio	i at your reg	stration appointment.
medications. You will be required to provide imi	nunization documentatio	i at your reg	stration appointment.
medications. You will be required to provide imit Previous Next + Health Services - Medical or Mental Health Health Services - Medications	nunization documentatio	at your re <u>c</u>	stration appointment.

En los **Servicios de salud - Condiciones Médicas o de Salud Mental**, puede ingresar las condiciones médicas o de salud mental de cualquier estudiante haciendo clic en el botón **Agregar Condición(Add Conditio)**. *Si su hijo no tiene condiciones, marque la casilla*.

Health Services - Medical or Mental Health Conditions		
No medical or mental health conditions 🔲		
or		
Add Condition		
For more information click on this link.		
ealth Services - Medications		
Release Agreements		

Sugerencia: Si la condición de su hijo no está en la lista desplegable provista, seleccione Otro y escriba la condición en el campo Comentarios e Instrucciones (Comments and Instructions). O, si necesita agregar alguna aclaración sobre la condición de nuestro personal de salud, use el campo Comentarios e instrucciones (Comments and Instructions) para completar la información adicional para que nuestro personal la revise.

Health Services - Medical or Men	tal Health Conditions				
No medical or mental health condit	ions 🗌				
or					
Condition*		Comments and Instructions	· · · · · · · · · · · · · · · · · · ·		
Asthma	~		Remove Condition		
Add Condition		•			
For more information click on this I	nk.				
Previous     Next					
Health Services - Medications					
Release Agreements					

En el pliegue de **Servicios de Salud - Medicamentos (Health Services - Medications),** puede ingresar cualquier medicamento que necesite el estudiante haciendo clic en el botón **Agregar Medicamento (Add Medication**). *Si su hijo no tiene medicamentos, marque la casilla.* 

Health Services - Emerg	ency Information
Health Services - Medic	al or Mental Health Conditions
Health Services - Medic	ations
No medications  or Add Medication	
For more information clic	<u>k on this link.</u>
I Previous Next ►	
Release Agreements Cancel Save/Con	tinue
<ul> <li>Race Ethnicity</li> <li>Relationships - Parent/Generation</li> </ul>	Jardians
Relationships - Emergend	y Contacts
Health Services - Emerge	ncy Information
Health Services - Medical	or Mental Health Conditions
<ul> <li>Health Services - Medicat</li> </ul>	ions
No medications 🗌 <mark>or</mark>	
Medication* Albuterol	Where Taken*     Medication Type*     Comments and Instructions       Both     As needed     Remove Medication
Add Medication	
Previous Next	
Release Agreements	
Cancel Save/Conti	ue

El pliegue final en la sección del estudiante es **Acuerdos de Liberación (Release Agreements)**. Siga los enlaces provistos para leer y revisar *el Aviso de Derechos, Regulaciones y Responsabilidades, el Programa Nacional de Desayuno / Almuerzo, Información sobre Lesiones Relacionadas con la Escuela y Política de Uso Aceptable de Tecnología*. Por favor, firme usando el campo de firma digital antes de pasar a la página de envío.

Yes - I give permission for r	ny child to participate in any public or school media publication.
○ 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.
otice of Rights Regulations a	d Responsibilities
hecking this box indicates your ith important "opt out" forms. 7 ttps://www.hartdistrict.org/apps	agreement to access and read the Notice of Rights, Regulations, and Responsibilities handbook which includes all required annual notifications along 'he Notice of Rights, Regulations, and Responsibilities handbook is available on the William S. Hart Union High School District website (pages/rights-and-responsibilities or available in hard copy by request at the school sites.
I have read the Notice of R	ights, Regulations, and Responsibilities.
ational School Breakfast/Lunc lease visit <u>https://www.hartdistr</u> reakfast/Lunch Program.	a Program ict.org/apps/pages/breakfast-lunch-program to view the information and access the requirements and application for the National School
I have read the information	n regarding the National School Breakfast/Lunch Program.
chool Related Injuries	
lease read the School Related !	injuries notice and volunteer insurance option by visiting <u>http://www.hartdistrict.org/apps/pages/school-related-injuries-notice</u>
I have read the School Rel	ated Injuries notice.
echnology	
lease read the Student Use of	rechnology Acceptable Use Policy by visiting <a href="http://www.hartdistrict.org/apps/pages/students-acceptable-use-policy">http://www.hartdistrict.org/apps/pages/students-acceptable-use-policy</a>
✓] * I have read and agree to t	ne terms of the Technology acceptable use policy.
Please sign on the line below	
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THE V	H/ a
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Clear	
etermination and Proof of Res in the State of California, when overnment Code 244 defines a	idency anolling a child in public school, the parent/legal guardian/caregiver must provide current proof of residency within the school district boundaries. residence as: "the place where one remains when not workingand to which one returns for sleep". It also states, "There can only be one read feasts are write."
THE REAL PROPERTY AND A RE	
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Una vez que haya completado toda la información en esta sección, haga clic en **Guardar/Continuar** (Save/Continue) para pasar a la sección de resumen y envío.

#### PASO 4 - COMPLETE Y PRESENTE LA SOLICITUD

Por favor, haga clic en el botón rojo **Enviar (Submit)** para enviar su solicitud actualizada para su procesamiento.

Submit