

Instructions for Accessing Online Registration for Existing Parents of Baltimore City Public Schools

If during the Online Registration process you need assistance or have a question:
Please contact the enrollment official at the local school or email district office at enrollment@bcps.k12.md.us.

These are instructions for Parents who have a child currently enrolled in Baltimore City Public Schools.

1. Log into your Parent Portal account to access Online Registration. If you do not have an account, click the “set up an account” link to create one.

Baltimore City Public Schools

EMPLOYEE /

or

Parent Username

Password

Log In

Forgot Password? Forgot Username? Help

Log in to Campus Student

or

New User?

Campus Parent

Announcements

Tuesday 04/28/2020

Report cards: To find a report card, please follow these steps

1. Login to Campus Portal
2. Click More at the bottom of the list on the left-hand side.
3. Under Quick Links, select Academic Progress. (Academic Progress will display in a new tab.)
4. Find Report Card and click Quarter 3.

If you're a parent or guardian and need a new account, [set up an account.](#)

Create your portal account

2. Once you have logged into the portal account, select “More” from the menu. **Note:** the menu may be hidden. Click on the menu button (three lines) to view the menu.

Infinite Campus

Message Center

Announcements Inbox

No Announcements.

More

If the menu (shown to the right in black) is hidden, click the menu button in the upper left

3. Click "Online Registration".

More

Address Information >

Assessments >

Course Registration >

Demographics >

Family Information >

Health >

Lockers >

Online Registration >

Quick Links

[0888 Sets School](#)
[Academic Progress](#)

4. A new browser tab will open with the Registration Introduction page. Read it carefully. Then click "Begin Registration" to register your student. **Note:** This is to register *new* students. Existing student records will not display in this form.

Online Registration

Welcome to Online Registration. You will see the household, parent/guardian and emergency contact information and will be able to change it if necessary. Press the Begin Registration to continue

New Student Registration
This editor is to update data for students that have never been enrolled in the District.

Registration Year 2020-2021 ▼*

Begin Registration

5. Select your preferred language. Electronic communications regarding this application will be in this language.

English | Español

Please pick your preferred language.
Por favor elija su idioma preferido

6. An instruction page will appear. Read it carefully and follow the instructions. Once finished reading the instructions and gathering necessary documents, click “Begin Online Registration”. You may need to make the window full screen. Click  in the upper right corner to make it full screen.

English | Español

**BALTIMORE CITY
PUBLIC SCHOOLS**

Welcome to the Baltimore City Public School Online Yearly Updates and Transfer Request.

Before you begin, please gather the following! Please Click here for more information!

- Household information:- Proof of Address (only two (2) of the following examples are required)
 - Complete, recent utility bill (gas, electric, water, telephone, or cable)*
 - Deed or title to residential property
 - Fully-executed, property sales agreement
 - Military housing order
 - Mortgage settlement sheet
 - Original, signed (by landlord and tenant) lease agreement reflecting the name(s) of the parent(s)/guardian(s) as tenants
 - Property tax bill or statement
 - Recent bank or mortgage statement*
 - Recent employer pay stub*
 - Recent homeowner, renter, or medical insurance statement*
 - Recent letter from Social Security Administration, Social Services, Maryland Vehicle Administration, Internal Revenue Services, or Maryland Judicial System*
- *Recent = within the last sixty (60) days
- Parent information:- home, work, and cell phone numbers, email addresses
 - Photo ID of the parent/legal guardian (driver's license, passport, alien/permanent resident card, military ID, employment authorization card, ISAP card, DHS/DOJ/DOS immigration and refugee resettlement forms)
- Student information:- Proof of Student Identity & Age
 - Birth certificate or other government-issued document (passport, military ID, birth registration, DHS/DOJ/DOS immigration and refugee resettlement forms)
- Income information:- Proof of Monthly Income – **Prekindergarten enrollees only (must provide name, date, amount of income for a period of one month)***
 - Earnings – wages and salary (paycheck stub, pay envelope, letter from employer stating gross wages paid and how often they are paid)
 - Earnings of self-employed business person or farmer (business or farming documents – ledger books or self-issued paycheck stub or last year's tax return)
 - Cash income (letter from employer stating wages paid and frequency and employer's contact information)*
 - Child support or alimony (copies of checks or other proof of payments received, bank statements, court decree, or notarized agreement)
 - Retirement/pension (official statement of benefits received, pension award notice)
 - R.R. benefit or railroad retirement (official statement of benefits received, railroad retirement award letter)
 - SNAP/TANF/Medicaid (SNAP/TANF documentation or signed, dated letter from the SNAP/TANF office verifying benefits)
 - Social security retirement (retirement benefit letter, official statement of benefits received, monthly check)
 - Supplemental security income (SSI) (SSI eligibility letter, SSI check, official statement of benefits received, bank statement indicating deposit into account)
 - Unemployment compensation/disability or workers' compensation (notice of eligibility from state employment office, copy of disability award letter/unemployment compensation award letter, check stub, agency records)
- *Recent = within the last sixty (60) days
- Zone School:- Please Click here for your zone school information!

Note: Required fields are marked with a **red asterisk**, and 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.

Currently we only accepting Pre-k & Kindergarten Registration.

[Begin Online Registration/Update](#)

7. Make note of the Application Number. You will need this number to:

- a. stop and return to the application at a later date
- b. request assistance regarding the application

Infinite Campus Online Registration

**BALTIMORE CITY
PUBLIC SCHOOLS**

Application Number 5243

* Indicates a required field

▼ Student(s) Primary Household ▼ Parent/Guardian ▼ Emergency Contact ▼ Other Household ▼

▼ Primary Phone

Primary Phone () - -

For more information click on this link.

Next >

Home Address

Mailing Address

Save/Continue

Make note of the Application Number for future reference.

8. You must review and/or complete all of the forms in the order presented. Any field with an * (red asterisk) is required. You will not be able to move on in the application without reviewing and/or completing all required fields. Click “Next” to move to the next pleat.

* Indicates a required field

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

▼ Primary Phone

Primary Phone () *

For more information click on this link.

Next ▶

▶ Home Address

▶ Mailing Address

Save/Continue

If you try to click “Next” before filling out required fields, you will see these validation errors. Complete all required fields before clicking “Next”

* Indicates a required field

▼ Student(s) Primary Household ▶ Parent/G

* Not a valid integer
* Minimum 4 characters allowed
* Not a valid integer
* Minimum 4 characters allowed
* Not a valid integer
* Minimum 4 characters allowed

Primary Phone

For more information click on this link.

Next ▶

▶ Home Address

▶ Mailing Address

Save/Continue

9. On the Home Address pleat of the application review, the address currently on file for you.
- If it is current, click Next.
 - If it is not current, check the “The home address listed is no longer current” checkbox. You will be prompted to complete the new home address information and provide two (2) proofs of residency and income verification. If you are unable to electronically provide the documents, please contact the enrollment official at the local school or email district office at enrollment@bcps.k12.md.us

▼ Home Address

Your address as listed in the portal
1142 Steelton Ave
Baltimore, MD 21224

☐ The home address listed is no longer current

Please upload proof of residence in the district

Upload

Income Verification

Upload

For more information click on this link.

◀ Previous ▶ Next ▶

▼ Home Address

Your address as listed in the portal
1142 Steelton Ave
Baltimore, MD 21224

☒ The home address listed is no longer current

Please enter the date that the mailing address became inactive for this household. () *

*Please verify or add the information below. Please update any information that is incorrect.

Street Number N,S,E,W Street Name Street Abbreviation N,S,E,W Apartment

City State Zip Ext. County

Clear Address Fields

Click on your address if it appears in box

Your address as entered above

Upload Instructions

Upload

Upload Instructions

Upload

Please upload proof of residence in the district upload 2

Upload

Income Verification

Upload

10. If you have a separate Mailing Address, uncheck the “The household has no separate Mailing Address” checkbox and complete the Mailing Address information. If you do not have a separate mailing address, click “Save/Continue”.

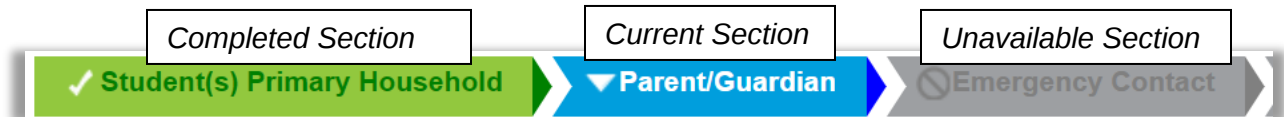
▼ Mailing Address

Please use the address editor below to enter your address. You will see the formatted postal address below in the viewer. Once your address appears as it should on U.S. Postal Mail, please click "Save".

☒ The household has no separate Mailing Address

Save/Continue

11. Once you have completed a section of the application, it will turn green and have a white checkmark next to it. You may return to the section at any time before submitting the application by clicking on it. Reasons you may want to return to a section:
- Information provided is incorrect and needs to be corrected
 - Documents were not available for upload at the time you completed the section but now you have them to upload



12. The next section is the Parent/Guardian section. Review and parent/guardian listed on the list. Update information as necessary. Click “Edit/Review” to begin.

Parent/Guardian					
First Name	Last Name	Gender	Completed	Record Type	
██████	██████	M	✓	Existing	Edit/Review
██████	██████	F	✓	Existing	Edit/Review

- If you live with the student, click “Next”.
- If you do not live with the student, uncheck the “Please check this box if the person lives at the address listed below” checkbox and complete the information for where you live. Click “Next”.

BALTIMORE CITY PUBLIC SCHOOLS

Lives with Student

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

Parent/Guardian Name: Michele Custom

▼ Demographics

Enter the parent/guardian you wish to enter. Please review and complete the following:

First Name: Michele *
Middle Name: *
Last Name: Custom *
Suffix: ▼
Birth Date: *
Gender: Female *
123 Blessing St
Baltimore, MD 21223

☒ Please check this box if this person lives at the address listed below.

[For more information click](#)

[Next ▶](#)

▶ Contact Information
▶ Migrant Worker

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

Does Not Live with Student

☐ Please check this box if this person lives at the address listed below.

123 Blessing St
Baltimore, MD 21223

☐ I will not provide an address for this parent.

Please use the address editor below to enter your address. You will see the formatted postal address below in the viewer. Once your address appears as it should on U.S. Postal Mail, please click "Save".
Please do not enter the entire address into the street name field.
Example: If you live at 1234 East Sesame Street, 1234 should be entered into the Street Number field, E should be entered into the first N,S,E,W field, Sesame should be entered into the Street Name Only field, and St should be entered in the St,Ave,Bldv,etc. field.

Street Number	N,S,E,W	Street Name	Street Abbreviation	N,S,E,W	Apartment
	▼		▼	▼	
City		State	Zip	Ext.	County
		▼			

[Clear Address Fields](#)

Click on your address if it appears in box:

Phone Number: () -

13. Review and update Contact Information and Contact Preferences. *At least one phone number is required.* When completed, click “Next”.

▼ Contact Information

At least one Phone Number is required.*

Enter the contact information and how you'd prefer to receive the different types of messages we will send you.

Cell Phone

() () -

Work Phone

() () - x

Other Phone

() () - x

Email

*mom@email.com

or

Has no e-mail

Secondary Email

Contact Preferences

Emergency High Priority Attendance Behavior General Teacher Private

☒
☒
☒
☒
☒
☒
☐

Description of Contact Preferences

Emergency - Marking this checkbox will use this method of contact for emergency messages.
High Priority - Marking this checkbox will use this method of contact for messages labeled as High Priority Notification.
Attendance - Marking this checkbox will use this method of contact for attendance messages.
Behavior - Marking this checkbox will use this method of contact for behavior 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.
Private - Mark if number or email should be listed as private

14. Indicate whether or not you are a Migrant Worker. This information is used for State Reporting. When finished, click “Save/Continue”.

▼ Migrant Worker

Has this person, within the past 36 months, relocated with the intent to obtain seasonal or temporary employment in agriculture, fishing, and dairy or food processing work?

☐ Yes, this individual is a migrant worker
☒ No, this individual is not a migrant worker

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

← Previous

Delete Cancel Save/Continue

15. Review the next parent of guardian, if applicable. If you need to add a Parent/Guardian click the “Add New Parent/Guardian” button and repeat steps 12-14. Once finished with reviewing/adding Parent/Guardians, click “Save and Continue”.

✓ Student(s) Primary Household

▼ Parent/Guardian

Emergency Contact

Other Household

Student

Completed

Parent/Guardian

First Name	Last Name	Gender	Completed	
Michele	Custom	F	✓	Edit/Review
Marvin	Custom	M	✓	Edit/Review

Please list all primary Parent/Guardian's in this area.

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

If a parent is missing required information or has not been reviewed, the parent will be highlighted in yellow. Click the “Edit/Review” button to go into the parent/guardian’s information to add what is required.

Parent/Guardian

First Name	Last Name	Gender	Completed	
Michele	Custom	F	✓	Edit/Review
Marvin	Custom			Edit/Review

Please list all primary Parent/Guardian's in this area.

Yellow - Indicates that person is missing required information. Select the highlighted row to continue.

✓ - Indicates that person is completed.

! 'One or more parent/guardian(s) are missing required information. This information must be entered before moving forward.'

16. Review the Emergency Contacts.

- a. To Review Existing Emergency Contacts: Click “Edit/Review” to review and/or update the information.
 - i. If the person you are reviewing is no longer an emergency contact, please indicate it by clicking the “This person is no longer an Emergency Contact for any students in this family” checkbox.

☐ This person is no longer an Emergency Contact for any students in this family.

- b. To Add a new Emergency Contact: Click “Add New Emergency Contact” to add the person who is to be contacted in the event a parent/guardian cannot be reached. *Parent/Guardians should not be entered in this section.* Repeat for any additional Emergency Contacts who need to be added. Click “Save/Continue”.

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

Emergency Contact

First Name	Last Name	Gender	Completed
In AN EMERGENCY, if parent/guardian cannot be contacted, please call one of the following Emergency Contacts listed. Proper identification will be required before a student is released to emergency contacts. Yellow - Indicates that person is missing required information. Select the highlighted row to continue. ✓ - Indicates that person is completed.			

[Add New Emergency Contact](#)
[Back](#)

Name and Contact Information are required (at least one phone number).

The Verification pleat is where you indicate where the Emergency Contact lives.

- If the person lives in the household with the student, check the “Please check this box if this person lives at the address listed below” checkbox.
- If the person does not live in the household, enter their address in the address fields.

Verification

Please enter the address for this emergency contact. This information will only be used to verify the contact doesn't already appear in our system.

☐ Please check this box if this person lives at the address listed below.

1 Benn Way
Baltimore, MD 21236

or

Address Line 1: 123 Main St Apt 4
Address Line 2: Baltimore, MD 21236

Example
Address Line 1 - 123 S Main St Apt 4
Address Line 2 - Schenectady, NY 12345

17. If children live with the student and are not yet of age to attend school (Ages 0-3 years), please enter their information in the Other Household section. Otherwise, click “Save/Continue”. *This is NOT where you enter the Student’s information.*

✓ Student(s) Primary Household > ✓ Parent/Guardian > ✓ Emergency Contact > **Other Household** > Student

Other Household

First Name	Last Name	Gender	Completed
Please list all other children of the Primary Household not currently enrolled in school.			
Yellow - Indicates that person is missing required information. Select the highlighted row to continue.			
✓ - Indicates that person is completed.			

Add New Household Member (Child not currently enrolled)

Back Save/Continue

18. Click “Add New Student” to enter the information for the student(s) to be enrolled. You will add students one at a time, completing one student before adding any additional students to be enrolled. **DO NOT ENTER STUDENTS WHO ARE ALREADY ENROLLED!!**

- a. Complete the Demographics pleat. Be sure to fill in all required fields.
- i. To complete the “Zone School” field, click the “Check your Zone School”. Select the listed school for the appropriate grade of the student.

- b. If requesting a School Placement or if you have received a Placement Letter, select “Yes” from the School Placement Request drop-list. You will be asked to complete the Placement School Choice fields and to upload a Placement Letter.

Please complete this section **ONLY** if you are a high school student or would like consideration to be assigned to a school **OUTSIDE** of your zone/boundary school. All requests to be assigned outside of your zone, or to change the school assignment (transfer) **MUST** be approved by the Office of Enrollment, Choice, & Transfers (or other district offices with enrollment authority per Board Policy). Please list your preferred considerations for school assignment in ranked order. Feel free to use the comments box to explain why you are making this request.

Leave the School Blank and complete rest of the application and save it.

[Need help? click here to schedule an online appointment](#)

Placement school choice 1

Placement school choice 2

Placement school choice 3

Additional notes

If Requesting Placement or a Placement Letter has been received, complete the Placement School fields and upload the letter (if available).

If you have already received a placement letter from district office or school, please upload the document below:

[Upload Placement Letter](#)

If you need help, click the “Need help? click here to schedule an online appointment” link to schedule an online appointment.

- c. If available, upload a copy a proof the student’s age and identity (birth certificate, birth registration).

Please upload proof of student age and identity (birth certificate, birth registration)

[Upload Birth Certificate](#)

When the Demographics pleat has been completed, click “Next”.

19. Indicate whether the student takes medications or is not, click “No Medications”.

- a. To add Medications: Click “Add Medication” and enter in the required data. Comments will be visible to approval admins and nurses. Repeat if there are multiple medications a student takes.
- b. If available, please upload a copy of the student’s immunization records.

▼ Health Services - Medications

No medications ☐

or

[Add Medication](#)

Please upload a copy of immunization records.

[Upload Immunizations](#)

No medications ☐

or

Medication*	Where Taken*	Medication Type*	Comments and Instructions	
Albuterol	Both	As needed	Student carries inhaler at all times	Remove Medication

Click “Next” to move on to the next section. Complete all sections with necessary information and when available, upload necessary documents. When documents are uploaded they will appear similar to the image below.

Please upload a copy of immunization records.

OLR immunizations sample.jpg (60 KB)

Remove File

20. When you get through to the Health Services – Medical or Mental Health Conditions pleat, indicate whether the student has a medical or mental health condition.
- If no condition exists, click the “No medical or mental health conditions” check box and click “Next”.
 - If a student has a condition:
 - Click the “Add Condition” button.
 - Select the appropriate Condition from the drop list.
 - Enter any comments/instructions (if necessary).
 - Repeat for any other conditions.
 - When finished click “Next”.

▼ Health Services - Medical or Mental Health Conditions

No medical or mental health conditions ☐

or

Condition [*] Asthma	Comments and Instructions 	Remove Condition
Condition [*] Diabetes	Comments and Instructions 	Remove Condition

Add Condition

21. Complete the Student Services pleat. If the student has an IEP, 504, or GIEP, please upload a copy (if available) by clicking the “Upload Supporting Documents” button. When finished click “Next”. **Note:** Please feel free to upload other documents that you would like the enrollment officials to consider in reviewing your application.

▼ **Student Services**

Does your student have a current IEP? ▼ *
 Does your student have a current 504 plan? ▼ *
 Has your student previously received gifted/talented services? ▼ *

Please check all items below that apply to the student (please note that this information will help the school prepare needed supports):

- ☐ Child is not fully toilet trained
- ☐ Parent/guardian has a chronic illness or is disabled
- ☐ Child experienced death of a parent(s)
- ☐ Child had a birth weight of six pounds or less
- ☐ Child is/was in foster care
- ☐ Child has/had delayed speech/language
- ☐ Child has a sibling with learning difficulties
- ☐ Child had exposure to lead
- ☐ Child has/had a serious injury or trauma exposure
- ☐ Parent or sibling is receiving special education services
- ☐ Child has asthma
- ☐ Child has long-term use of medication
- ☐ Child has hearing problems
- ☐ Parent has concerns about child's development
- ☐ Child has vision problems
- ☐ Child has/is receiving speech/language therapy
- ☐ Child has/is receiving occupational therapy

Upload Supporting Documents

Upload

◀ Previous
Next ▶

22. Complete the Language Information pleat. The information is for Federal and State Reporting. If a language other than English is indicated on two or more of the three required questions, the student will be assessed for English language support services. Additional criteria for testing may be considered.

▼ **Language Information**

In accordance with federal and state requirements, the Home Language Survey will be administered to all students and used only for determining whether a student needs English language support services and will not be used for immigration matters or reported to immigration authorities.

If a language other than English is indicated on two or more of the three questions below, the student will be assessed for English language support services. Additional criteria for testing may be considered.

Please enter language information for your student below.

Student Language	English ▼ *
Home Primary Language	Abkhazian ▼ *
Parent/Guardian Language	Abkhazian ▼ *
What was the first language spoken by the student?	▼
What is the language most often spoken at home?	▼
What is the language most often spoken by the student with friends?	▼
Has your child ever received English as a Second Language (ESL/ELL) services?	▼

◀ Previous
Next ▶

23. If the student is transferring from another school district, please provide the information for the Previous School, including whether the student is currently expelled or suspended from a school.

a. If the student is suspended or expelled from another school, please explain.

▼ Previous School

Please enter information regarding this student's prior schools.

Last Year

School

City

State

Country

Phone () -

Is your student currently suspended or expelled from another school? Yes ▼ *

If Yes, please explain:

24. Define the Relationships the Parents/Guardians have to the student.

- a. Indicate which parents have guardian rights, who should receive mail, have access to the student's information via the parent portal, and who should receive messenger messages.
- b. If a Parent does not live with the student in the Primary household but the student lives with the parent in a secondary household, click the "Secondary Household" button.
- c. Select the "Contact Sequence". Whoever should be contacted first should have "1" as the "Contact Sequence". Sequence numbers must be unique for each person.
- d. DO NOT SELECT "No Relationship" if the parent/guardian listed has a relationship to the student. This will delete all of the relationship fields for that parent.
- e. Once finished, click "Next".

▼ Relationships - Parent/Guardians

At least one person must be marked as 'Guardian'. *

Name	Relationship *	Guardian	Mailing	Portal	Messenger	Secondary Household	Contact Sequence *	or	No Relationship
Parent Example	Mother ▼	☒	☒	☒	☒		1 ▼		☐

Description of Contact Preferences

Guardian - Marking this checkbox will flag this person as legal guardian to the student.

Mailing - Marking this checkbox will flag this person to receive mailings for the student.

Portal - Marking this checkbox will flag this person as a portal account, and this person will be able to view student information within the portal for this student.

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 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 with a sequence of 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 no longer has a relationship to the student. The relationship will be ended if one exists.

For more information click on this link.

◀ Previous
Next ▶

25. Define the relationship the Emergency Contact has to the student as well as the contact sequence. Click “Next”.

▼ Relationships - Emergency Contacts

A minimum of (1) Emergency Contacts are required*

Name	Relationship*	Contact Sequence*	or	No Relationship
Emergency Contact	Aunt ▼	2 ▼		☐

[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 with a sequence of 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 no longer has a relationship to the student. The relationship will be ended if one exists.

26. If applicable, define the relationship the Other Household members have with the student.

▼ Relationships - Other Household

Name	Relationship*	or	No Relationship
Little Example	Sibling ▼		☐

[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 person no longer has a relationship to the student. The relationship will be ended if one exists.

27. For Pre-K and Kindergarten registration, please complete the Prior Care pleat. For students in Grades 01-12, this pleat will not be visible.

▼ PriorCare

Prior Care Program Type	Half Day ▼
Prior Care Program Half Day(AM)	Child care Center* ▼
Prior Care Program Half Day(PM)	Informal care ▼

◀ Previous Next ▶

28. Complete the Release Agreements pleat.

- a. To access the Technology policy. Click the “Please click here for Technology Policy” link.
- b. Sign your name in the space provided.
- c. When finished click “Save/Continue”.

▼ Release Agreements

Media

☒ Yes - I give permission for my 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.

Technology

☒ * I agree to the Technology acceptable use policy.

[Please click here for Technology Policy](#)

Please sign on the line below

Parent Example

Clear

29. The student will be listed in the Student section of the application. Repeat steps 23-33 for any other students you wish to enroll. When finished click “Save/Continue”.

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

Student

First Name	Last Name	Gender	School	Completed	
Student	Example	M		✓	Edit/Review

Please include all new and returning student who are not active in city schools

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

30. **Before clicking Submit**, click the 'Application Summary PDF' to generate a copy of the application. Print or save this copy for your records. **Once the application is submitted you will not have access to make any modifications!**

- a. Review the information for accuracy. If any part of the application is incorrect, click into the section where the information is inaccurate and correct it. You will not have access to correct the information after you click Submit!

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

You must submit your application by clicking the following button.

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](#)

**REVIEW THIS
DOCUMENT FOR
ACCURACY BEFORE
CLICKING SUBMIT**

Click here to review all of the information provided in the application.

If it is inaccurate, click into the area of the application to make the necessary changes before submitting.

Once Submit is selected, you will NOT have access to modify the application.

Baltimore City Public School - Online Registration Summary

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Example, Student Person | 13

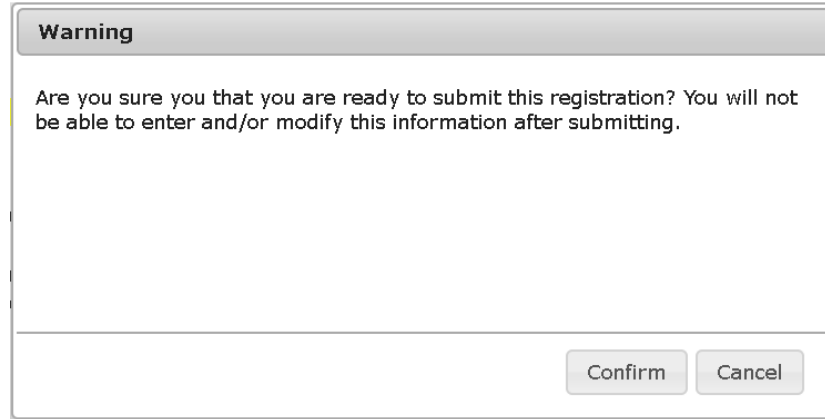
Modified By:
Modified Date:
Application End Year: 2021

Confirmation Number: # 13
Application Created By: Parent Example

Household		Student	
Primary Phone Home Phone: (555)555-5555 Home Address 1 Benn Way Baltimore, MD 21236 Household has no separate Mailing Address Documents Uploaded: HomeAddress OLR Utility bill Proof of Residency sample.pdf		Example , Student Person Gender: M DOB: 01/01/2015 Nickname: Stu Demographics placementSchool1 starting literal: Student Cell Number: Student Email: MonthIncome starting literal: placementSchool starting literal: 0004 Steuart Hill Academic Academy placementSchool2 starting literal: 0007 Cecil Elementary Date Entered U.S.: 01/01/2015 Foreign Exchange: No libraryFirstCard starting literal: Yes Enrollment Grade: Kindergarten Birth Country: United States placementReq starting literal: Yes Race Ethnicity American Indian or Alaska Native Is Hispanic/Latino: No Health Services - Medications Medication Name: Example Medication Comments: Where taken: Both Type: Daily Health Services - Emergency Information Primary Care Provider: Primary Care Phone: Housing Homeless: No	
Parent/Guardian Example , Parent Gender: F Birthdate: 01/01/1981 Household: Yes Contact Information Cell: (555)555-5555 Work: Other: Email: mom@email.com Secondary Email: Migrant Worker Migrant Worker: No			
Emergency Contact Contact , Emergency Person Gender: M Birthdate: 01/01/1981 Household: No Contact Information Home: (555)555-5545 Mobile: (555)555-5554 Work: Email: Verification Information Address Line 1: 123 Main St Apt 4 Address Line 2: Baltimore, MD 21236			
Other Household Example , Little Brother Gender: M Birthdate: 01/01/2019 Household: Yes No further data for this household member			

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

31. Click Submit to submit the application. A warning pop up will appear informing you that you will not have access to the application once you click submit. Click “Confirm” to submit or “Cancel” to go back into the application. **Once the application is submitted you will not have access to make any modifications!**



32. **WAIT FOR THE CONFIRMATION SCREEN!** If you do not wait for the confirmation screen before closing the browser window your application may not submit and will not be processed. You must see the screen below before you close the browser window.



33. You will receive an email indicating the application has been submitted. If you do not receive this email, check your junk/spam folder. If it is not in the junk/spam folder, please contact the enrollment official at the local school or email district office at enrollment@bcps.k12.md.us.

The school will be in touch if any additional information or documentation is required.

Need Assistance? Have a Question?

Please contact the enrollment official at the local school or email district office at enrollment@bcps.k12.md.us. Have your Application (Confirmation) Number ready.

Saving and Returning to an Application:

1. If you cannot complete the application all at one time, click “Save/Continue”. This will save where you are currently in the application.
2. To access the application again, follow instructions 1-4.
3. When you return to the application, it will highlight where you left off for you to go back in to complete the missing required information. Click the appropriate area and click “Edit/Review”

THIS IS A TEST SITE

BALTIMORE CITY PUBLIC SCHOOLS Application Number 13

Infinite Campus Online Registration

* Indicates a required field

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

Student Name: Student Person Example

Demographics

Health Services - Medications

No medications ☐

Medication* Where Taken* Medication Type* Comments and Instructions Remove Medication

Add Medication

Please upload a copy of immunization records.

Upload Immunizations

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

Previous Next

Race Ethnicity

Housing

Health Services - Emergency Information

Health Services - Medical or Mental Health Conditions

Student Services

Language Information

Previous School

Relationships - Parent/Guardians

Relationships - Emergency Contacts

Relationships - Other Household

Prior Care

Release Agreements

Cancel Save/Continue

Warning

You must view all forms for this person before saving.

Confirm

Student

First Name	Last Name	Gender	School	Completed
Student	Example	M		Edit/Review

Please include all new and returning student who are not active in city schools

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