

2022-2023 Student Registration Instructions

Welcome to Weld RE-5J School District!

Whether you are a returning family or a new family, we are so excited to have you join us the 2022-2023 school year. Please follow the instructions in this document to guide you through the registration process. Please don't hesitate to contact us with questions.



970-587-6050 or listen@weldre5j.org



For existing families with students already enrolled or adding a new family member.
Please go through your Parent Portal Account

Once you are logged into your parent portal please click on More and then existing student registration. You can add a **new family member/student** here as well.

If you don't remember how to access your infinite campus parent portal please contact your school secretary or Marcia at 970-587-6811 or Rebecca at 970-587-6396.

For new families registering for Weld RE-5J Schools.

Go to weldre5j.org, scroll down to the news section and select the student registration/enrollment box. Then Click on the New Student(s) Registration/Enrollment link.

If you are **NEW** and/or **DO NOT** have a current student(s) in our district, begin the registration/enrollment process by clicking on the link below:

[New Student\(s\) Registration/Enrollment](#)

Select your language preference and then select either Start New or Return to Saved Registration. Then hit next



Welcome to the district's Online Registration Kiosk! Please select whether you are starting a new application or if you are returning to finish an existing application.

- Start New Registration
- Return to Saved Registration

Next

Choose which school year you are registering for and hit next

 **Infinite Campus** Online Registration
English | Español

What are you registering for?

21-22

22-23

Next

Please complete the information below to begin the registration process.

Registration Year
22-23

Parent/Guardian First Name

● First Name is required

Parent/Guardian Last Name

Date of Birth (MM/DD/YYYY)

Email Address

Student Previously Attended this District

Please type the letters you see displayed in the image below



Begin Registration

Fill in all fields requiring information and click on Begin Registration

Your application number is [REDACTED]. Please write this down to assure re-entry into the registration system in case your system becomes disconnected.

Confirm

Please make note of your application number and hit confirm.

[English](#) | [Español](#)

Welcome Mickey Mouse! 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.

Please sign on the line below.

Clear

Submit

Type your name in the first box and then sign in the second box. Hit Submit to continue

[English](#) | [Español](#)

Welcome to the 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 -- birth certificate and health/medication information
- Emergency Contact - addresses and phone numbers.

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.

If you need assistance, please call (970) 587-6811 during business hours or leave a message and a representative will be back in touch with you the next business day.

[Begin](#)

Please read through all the needed information.

* Indicates a required field

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

▶ Primary Phone

▶ Home Address

▶ Mailing Address

▼ Subdivision

Please select subdivision from list. There are rural options and "other" to choose from.

Subdivision Name

◀ Previous

Save/Continue

Please fill out all required fields in each pleat for the first tab. Making sure to click on save/continue on each pleat to move to the next one. If you don't know your subdivision please select Other/Unknown

* Indicates a required field

Student(s) Primary Household Parent/Guardian Emergency Contact

Parent/Guardian Name: Mickey Mouse

Demographics

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

First Name
Middle Name
Last Name
Suffix
Gender

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

2403 Tabor St
Berthouge, CO 80543

Next

- Contact Information
- Migrant Worker
- Military active duty
- Student Conduct
- Attendance

Delete Cancel Save/Continue

Once the first tab is completed, it will move you onto the next tab. This will have its own pleats that will need to be filled out as well. Remember to hit the Save/Continue button to always move to the next step.

* Indicates a required field



Emergency Contact

First Name	Last Name	Gender	Completed
<p><u>In AN EMERGENCY, if parent/guardian cannot be contacted, please call one of the following Emergency Contacts listed. Your child will only be released to the named person(s). For Preschool, your child can only be released to persons 18 years and older. Proper identification will be required before a student is released to emergency contacts.</u></p>			
<p>Yellow - Indicates that person is missing required information. Select the highlighted row to continue.</p>			
<p>Green - Indicates that person is completed.</p>			
<p>The maximum number of Emergency Contacts per household is 4</p>			

Add New Emergency Contact

Back

You must have at least one emergency contact entered to continue with your online registration.

* Indicates a required field



Other Household Members

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

Please list all other children in the household that are not enrolled or going to be enrolled in school.

* Indicates a required field



Student

First Name	Last Name	Gender	School	Completed
Please include all students that need to be enrolled.				
Yellow - Indicates that person is missing required information. Select the highlighted row to continue.				
✓ - Indicates that person is completed.				

Add New Student

Back

On this tab please click on Add New Student to enter your child(ren's) information for enrollment.

* Indicates a required field

- Student(s) Primary Household
- Parent/Guardian
- Emergency Contact
- Other Household Members
- Student**
- Completed

Student Name:

Demographics

There will be a few steps for each student you enter. The first is general demographic information. Please verify or add the information below. Please update any information that is incorrect. Please enter the student's name exactly as it appears on the birth certificate. If your student has two last names, please enter both in the box marked "last name". Please enter both names without a dash in between.

Legal First Name	Gender	Enrollment Grade
Legal Middle Name (If no Middle Name put N/A)	Birth Date	SCHOOL (If choosing Knowledge Quest Academy, CIVICA or our Preschool Program, Completion of this form does not guarantee acceptance. You will need to contact that school for further information)
Legal Last Name	Date Entered	
Suffix	U.S.	
Nickname	Foreign Exchange	
Student Cell Number	<input type="radio"/> Yes, this is a foreign exchange student	
	<input type="radio"/> No, this is not a foreign exchange student	

Please upload a Birth Certificate, for NEW enrollments only.

[Upload Birth Certificate](#)

[Attendance Area Maps](#)

[Next >](#)

- Race Ethnicity
- Housing
- Student Services
- Language Information
- Previous School
- Relationships - Parent/Guardian
- Relationships - Emergency Contacts
- Health Services - Emergency Information
- Health Services - Medical or Mental Health Conditions
- Health Services - Medications
- Health 1st Aid

Please fill out all required fields on each pleat, using the Next button to move forward.

* Indicates a required field



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](#)

WOOHOO! Just hit Submit and you are done with your online registration. Thank you!