

# 2023-2024 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 2023-2024 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.

1.

▶ For **EXISTING FAMILIES** with students already enrolled or adding a new family member. Please go through your Parent Portal Account.

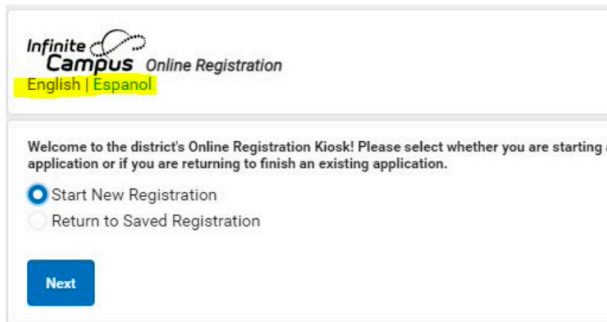
If you don't remember how to access your infinite campus parent portal please contact your school secretary or Marcia at 970-587-6811 or Rebecca at 970-587-6396.

▶ For **NEW FAMILIES** registering for Weld RE-5J Schools.

Go to [weldre5j.org](http://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.

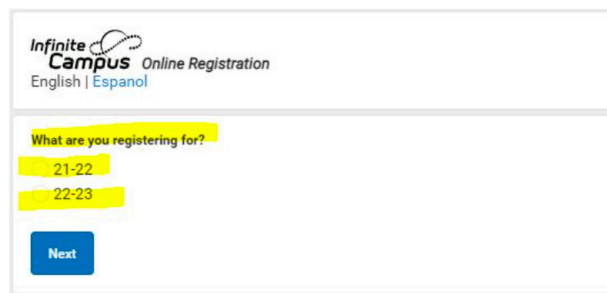
2.

Select your language preference and then select either **"Start New"** or **"Return to Saved Registration."** Then click on **"Next."**



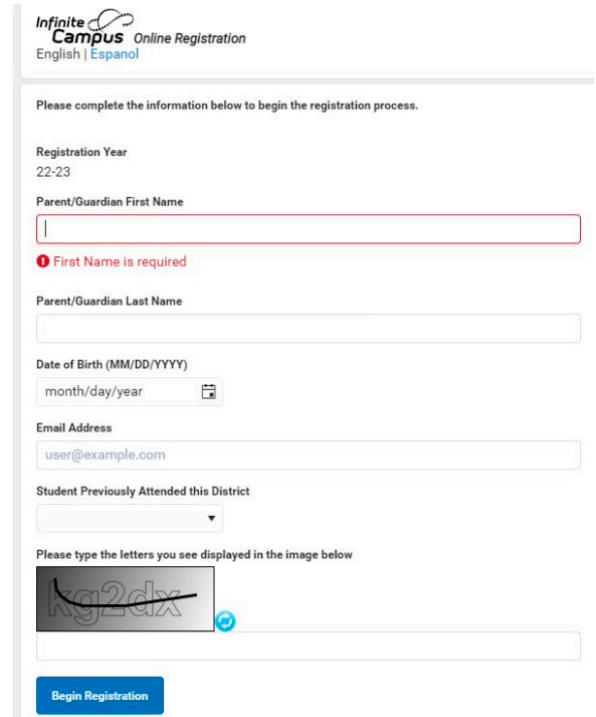
3.

Choose which school year you are registering for and click on **"Next."**



4.

Fill in all fields requiring information and click on **"Begin Registration."**



QUESTIONS?

970-587-6050 or [listen@weldre5j.org](mailto:listen@weldre5j.org)



**5.** Please make note of your application number and hit **"Confirm."**

Infinite Campus Online Registration  
English | Español

Your application number is [redacted]. Please write this down to assure re-entry into the registration system in ca

Confirm

**6.** Type your name in the first box and then sign in the second box. Click **"Submit"** to continue.

Infinite Campus Online Registration  
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.

[Name input box]

Please sign on the line below.

[Signature line]

Clear Submit

**7.** Please read through all the needed information.

Infinite Campus Online Registration Application Number: [redacted]

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 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

**8.** 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."**

Infinite Campus Online Registration

\* Indicates a required field

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

Primary Phone

Home Address

Mailing Address

Subdivision

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

Subdivision Name Other/Unknown

Previous Save/Continue

**9.** 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.

Infinite Campus Online Registration

\* 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 [redacted]

Middle Name [redacted]

Last Name [redacted]

Suffix [redacted]

Gender [redacted]

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

2403 Tabor St  
Berthoug, CO 80543

Next

Contact Information

Migrant Worker

Military active duty

Student Conduct

Attendance

Delete Cancel Save/Continue

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

Infinite Campus Online Registration Application M

\* Indicates a required field

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

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. Your child will only be released to the nearest person), 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.

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 per household is 4.

Add New Emergency Contact

Back

**QUESTIONS?**

970-587-6050 or listen@weldre5j.org



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



\* Indicates a required field

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

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

**12.** 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

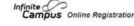
Student

First Name	Last Name	Gender	School	Complete
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

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



Application Number [redacted]

\* Indicates a required field

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

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 NONE)  Birth Date  SCHOOL (If showing Knowledge Quest Academics, CDECA or our Pre-sessional Program, Completion of this form does not guarantee acceptance. You will need to contact the school for further information.)

Legal Last Name  Date Entered  U.S.

Suffix  Foreign Exchange  Yes, this is a foreign exchange student  No, this is not a foreign exchange student

Nickname  Student Cell Number

Please upload a Birth Certificate, for NEW enrollments only.

Upload Birth Certificate

Attendance Area [Area Page](#)

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

**14.** WOOHOO! Click on **“Submit”** and you are done with your online registration.



\* Indicates a required field

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

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](#)

**THANK YOU!**

**QUESTIONS?**

970-587-6050 or [listen@weldre5j.org](mailto:listen@weldre5j.org)

