SCCSD Infinite Campus

Online Verification Process
Parent Portal Sign-in

Log in to your Parent Portal Account

Username

Password

Sign In

Forgot your password?  |  Forgot your username?  |  Problems logging in?
If you have been assigned a Campus Portal Activation Key, click here
If you do not have an Activation Key, click here
Tell me more!

District Announcements

2017-05-15
Don’t forget to complete the Online Verification for your child(ren). This process is critical to ensure we have the most up to date information for your child in case of an emergency. All parents and guardians must complete this process by the start of school on August 23.
Parent Portal Welcome
Welcome JAMIE LANG! 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 authorized to enter/verify data within this application.

Submit
Welcome to the Sioux City Community School District's Online Verification. This process is to update data for students that are currently enrolled in the district. You will see the household, parent/guardian, and emergency contact information. Please note that not all fields can be edited in this application. If you need to add a NEW student, please contact the District Registrar at 712-224-4633.

Este proceso es para actualizar los datos de los estudiantes que actualmente están matriculados en el Distrito. Si necesita agregar a un NUEVO estudiante, póngase en contacto con la Secretaria Principal de Admisiones del Distrito al 712-224-4633.

<table>
<thead>
<tr>
<th>Student Name</th>
<th>Grade</th>
<th>Included in new App?</th>
<th>Reason if not included</th>
</tr>
</thead>
<tbody>
<tr>
<td>02</td>
<td>yes</td>
<td>Included</td>
<td></td>
</tr>
<tr>
<td>06</td>
<td>yes</td>
<td>Included</td>
<td></td>
</tr>
<tr>
<td>07</td>
<td>yes</td>
<td>Included</td>
<td></td>
</tr>
</tbody>
</table>

School Year (2017-2018) 17-18

Begin Verification
Choose Preferred Language

English | Español

Please pick your preferred language.

Por favor, escoja su idioma preferido.
Instructions

You will be asked to enter or verify the following:

- Household Information -- Address and Phone Numbers
- Parent/Guardian Information -- Phone Numbers and Email Addresses
- Emergency Contact Information -- Addresses and Phone Numbers

IMPORTANT NEWS: The Infinite Campus Record Verification for 2017-2018 school year starts on May 15. All parents and guardians must complete this process by the start of school on August 23. This process is critical to ensure that we have the most up to date information for your child in case of an emergency. If you have any questions please use the "Let's Talk" link below.

Sioux City Community Schools Let's Talk (Link opens in new window)

NOTICIAS IMPORTANTES: La Verificación de Información en el sistema Infinite Campus, para el año escolar 2017-18, comienza el 15 de mayo. Todos los padres y guardianes tienen que completar este proceso antes del comienzo del año, el 23 de agosto. Este proceso es crítico para asegurar que tengamos la información lo más actualizada de su hijo, en caso de una emergencia. Para acceder, entre en su cuenta de portal para padres de Infinite Campus, y seleccione "Online Verification" en la parte inferior del lado izquierda. Puede contactar a la escuela si no se acuerda de su contraseña, o use Let's Talk! (¡Hablemos!)

Sioux City Community Schools Let's Talk (Link opens in new window)
Primary Household - Phone

* Indicates a required field

**Student(s) Primary Household**  ✔ Parent/Guardian  ✔ Emergency Contact  ❌ Student  ✔ Completed

**Home Phone** (This is your main household phone number either landline or cell)

Home Phone
(712)  

Click HERE to Continue.

**Home Address**

Save/Continue
Primary Household - Address

Your household address as listed in Infinite Campus:

☐ Click here if your household address is no longer current or if the above address is incorrect.
Please note: If you check this box and your new address is in another school boundary, you will need to contact the new school.

Clear Address Fields

☐ Click on your address if it appears in box

PLEASE Click the "Save/Continue" button to move to next section.
Address Change

Home Address

Your household address as listed in Infinite Campus:

- Click here if your household address is no longer current or if the above address is incorrect.
  Please note: If you check this box and your new address is in another school boundary, you will need to contact the new school.

- Please enter the date that you moved from this address.

Select your new address:

- Please enter **house number** and **STREET** to narrow search. Please select your **NEW** address in the display box below.
- Please note that only the top 5 address results appear below.

Note: ^ = required fields.

House Number: 123, Prefix: 18, Street: [placeholder], Tag (Ave, St): [placeholder], Direction: [placeholder], Apartment: [placeholder], City: [placeholder], State: [placeholder], Zip: [placeholder], ZipPlus4: [placeholder], County: [placeholder]

Clear Address Fields

Click on your address if it appears in box:

- 1231 18TH ST, SIoux CITY, IA 51104 WOODBURY
- 1232 18TH ST, SIoux CITY, IA 51104 3312 WOODBURY
- 1234 18TH ST, SIoux CITY, IA 51104 3312 WOODBURY
- 1238 18TH ST, SIoux CITY, IA 51104 3312 WOODBURY

Your address as entered above

123 18

PLEASE Click the "Save/Continue" button to move to next section.
### Parent/Guardian

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>Gender</th>
<th>Completed</th>
<th>Record Type</th>
<th>Edit/Review</th>
</tr>
</thead>
<tbody>
<tr>
<td>F</td>
<td></td>
<td></td>
<td>Existing</td>
<td></td>
<td>Edit/Review</td>
</tr>
</tbody>
</table>

- **M** | | | Existing | | Edit/Review |

**Please Note:** Only legal parent/guardians should be listed. If Parent/Guardian is not listed, please contact your child’s school.

- **Yellow** - Indicates you must **review** information. Select the highlighted row to continue.
- **✓** - Indicates that person is completed.
Parent/Guardian Demographics

Please review legal parent/guardian information below. If you have any changes or questions please contact your child’s school.

First Name
Middle Name
Last Name
Suffix
Birth Date
Gender

☐ If this legal parent/guardian is not living at the address below, please uncheck this box.

SIoux City, IA 51106

☐ Check this box if you prefer not to provide other legal parent/guardian’s address.

House Number
Prefix
Street
Tag (Ave; St)
Direction
Apartment

Clear Address Fields
- Click on your address if it appears in box

Phone Number

Click HERE to Continue.

Contact Information
Cancel  Save/Continue
Contact Information

Infinite Campus Online Registration

* Indicates a required field

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

Parent/Guardian Name: 

Demographics

Contact Information

Review phone numbers and edit if necessary. Add or Change e-mail address. If this legal parent/guardian does not have an e-mail, check the box "Has no e-mail".

- Cell Phone [712-123-4567]
- Home Phone [712-654-3210]
- Work Phone [712-654-3210]
- Text Message Alerts

Email (Please check the box for desired contact preference)

OR

- Has no e-mail
- Secondary Email

PLEASE Click the "Save/Continue" button to move to next section.
Emergency Contacts

Emergency Contact

Please list at least (2) contacts. Please do not include parent/guardian.

IN AN EMERGENCY, if parent/guardian cannot be contacted, please call one of the emergency contacts listed. Proper identification will be required before a student is released to emergency contacts.

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>Gender</th>
<th>Completed</th>
<th>Record Type</th>
<th>Remove Existing Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>F</td>
<td></td>
<td></td>
<td>✓</td>
<td>Existing</td>
<td></td>
</tr>
<tr>
<td>F</td>
<td></td>
<td></td>
<td>✓</td>
<td>Existing</td>
<td></td>
</tr>
<tr>
<td>F</td>
<td></td>
<td></td>
<td>✓</td>
<td>Existing</td>
<td></td>
</tr>
</tbody>
</table>

**Yellow** - Indicates that person must be reviewed. Select the highlighted row to continue.

✓ - Indicates that person is completed or Existing Contact will be removed.

PLEASE Click the "Save/Continue" button to move to next section.
Emergency Contact - Demographics

Contact Name: 

* Indicates a required field

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

Demographics

Please verify the following information for each emergency contact for your students. If this information is incorrect, please contact your child's school.

First Name
Middle Name
Last Name
Suffix
Birth Date
Gender

- Check this box if you want to remove this person as an emergency contact.

Click HERE to Continue.
Contact Information

At least one Phone Number is required.*

Edit/Review the contact information for this emergency contact.

Home Phone: ( )
Cell Phone: (712 )
Work Phone: (712 )
Email:

PLEASE Click the "Save/Continue" button to move to next section.
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.

SIoux City, IA 51106

OR

Address Line 1
Address Line 2

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

PLEASE Click the “Save/Continue” button to move to next section.
### Student Registration Form

#### Student Information

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>Gender</th>
<th>Completed</th>
<th>Record Type</th>
<th>Edit/Review</th>
</tr>
</thead>
<tbody>
<tr>
<td>F</td>
<td></td>
<td>F</td>
<td>Existing</td>
<td></td>
<td>Edit/Review</td>
</tr>
<tr>
<td>F</td>
<td></td>
<td>F</td>
<td>Existing</td>
<td></td>
<td>Edit/Review</td>
</tr>
<tr>
<td>F</td>
<td></td>
<td>F</td>
<td>Existing</td>
<td></td>
<td>Edit/Review</td>
</tr>
</tbody>
</table>

- **Yellow** - Indicates that person must be **reviewed**. Click the Edit/Review button for each highlighted student before advancing.
- ✓ - Indicates that person is completed.

#### Notes:
- * Indicates a required field

*Infinite Campus Online Registration*

![Sioux City Community Schools](image)

Application Number 8664
Student - Demographics

Infinite Campus Online Registration

* Indicates a required field

Student Name: 

Demographics

Please verify student information as shown. If any information is not correct, please contact your child's school.

- Legal First Name
- Legal Middle Name
- Legal Last Name
- Suffix
- Nickname
- Gender
- Birth Date: 08/13/2004
- Enrollment Grade: 07

Click HERE to Continue.
Student – Race & Ethnicity

Please verify student information as shown. If any information is not correct, please contact your child's school.

Is Hispanic/Latino  No *

*Please review. At least one Race is required.

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
Children and youth who are considered homeless who are:

--Sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason (sometimes referred to as "doubled up")

--Temporarily living in motels, hotels, trailer parks, or camping grounds due to lack of alternative adequate accommodations

--Living in emergency or transitional shelters; or

--Abandoned in hospitals.

Children and youth who have a primary nighttime residence that is a private or public place not designed for or ordinarily used as a regular sleeping accommodation for human beings.
Students - Language

Language Information

Please enter the language spoken in your home.

Student Language
- English

Parent/Guardian Language
- Spanish

Click HERE to Continue.
# Students - Relationships

At least one person must be marked as 'Guardian'. If you need to make changes to legal guardian please contact your child’s school.

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>Guardian</th>
<th>Mailing</th>
<th>Portal</th>
<th>Messenger</th>
<th>Secondary Household</th>
<th>Contact Sequence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Father</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Mother</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2</td>
</tr>
</tbody>
</table>

**Description of Contact Preferences**

**Guardian** - If this checkbox is checked the person is recorded 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.
Students – Emergency Contacts

If my child becomes ill, or is injured at any time at school, and the school cannot locate the parent/guardian, the school may contact the persons listed at the telephone numbers indicated. If the school cannot locate parent/guardians listed, I give permission for the school to send my child to a local hospital for treatment and the Sioux City CSD shall not be responsible for the cost. I give the hospital permission to administer needed services and under these circumstances, authorize said hospital to secure the services of a physician for my child, and authorize such physician to provide medical and surgical service as to such physician as appears necessary or desirable. I give permission for the information on this application to be shared with school staff and other appropriate parties, including, but not limited to, healthcare professionals, for the purpose of providing safe care to my child.

A minimum of (1) Emergency Contacts are required *

**NOTE: Contact Number Sequence continues from Parent/Guardian**

<table>
<thead>
<tr>
<th>Relationship</th>
<th>Contact Sequence</th>
<th>OR</th>
<th>No Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency2</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency1</td>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency3</td>
<td>5</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.
### Relationships - Other Household

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship*</th>
<th>OR</th>
<th>No Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Sibling</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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.

[Click HERE to Continue.]
Health Services - Emergency Information

Primary Provider/Doctor
Primary Provider/Doctor Phone
Hospital Preference

Please be prepared to provide documentation directly to the school nurse regarding any and all health conditions/concerns and medications. You will be required to provide immunization documentation at your registration appointment.
No medical or mental health conditions  ✔

Click HERE to Continue.
Student – Handbook Agreement

Parent/Student Handbook Agreement

The Sioux City Community School District’s Parent/Student Handbook contains several notices, important information, as well as the district’s policies and procedures. The handbook is available on the district’s website at [Student Handbook] (link will open a new window).

Please read Parent/Student Handbook so you are familiar with this information. By typing your full-name in the box below, signifies that this is your official signature and that you are the legal parent/guardian of the student indicated in this form and that you have received the student handbook.

[Full Name]

If you have any questions you may use Let’s Talk by clicking the link

Sioux City Community Schools Let’s Talk (Link opens in new window)
Submit Application

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 your application was received after clicking submit.

Back

Application Summary PDF
Thank you for completing Online Registration Verification! For a PDF copy of the submitted data, please click the link below.

Please note that the electronic 2017-2018 free or reduced meal application will be available sometime in July. This application is approved through the state of Iowa. As soon as the state releases the application, a link will be made available. You may return to this screen by going to the Online Verification link in the parent portal.

Application Summary PDF

Below are links to other district forms you may find useful:

- School Fees Waiver Application
- Transportation Request Application
- Medical Forms
- Breakfast/Lunch Account
- Curriculum Fees