

New Household Registration Guide

This guide provides a step-by-step walkthrough for completing the New Household Registration process in LCSD#2. Follow these steps carefully to ensure accurate and successful registration.

Table of Contents

<u>REGISTRATION WEBSITE AND REQUIREMENTS.....</u>	<u>1</u>
<u>REGISTRATION YEAR SELECTION.....</u>	<u>1</u>
<u>REGISTRATION CREATION & EMAIL INPUT</u>	<u>1</u>
<u>EMAIL CONFIRMATION AND REGISTRATION ACCESS</u>	<u>2</u>
<u>LANGUAGE SELECTION</u>	<u>2</u>
<u>IDENTITY CONFIRMATION</u>	<u>2</u>
<u>BEGIN REGISTRATION.....</u>	<u>3</u>
<u>HOUSEHOLD INFORMATION.....</u>	<u>3</u>
Household Phone Number & Contact Preferences	3
Household Physical Address	4
Household Mailing Address	4
<u>PARENT/GUARDIAN INFORMATION</u>	<u>5</u>
<u>EMERGENCY CONTACT INFORMATION</u>	<u>7</u>
<u>OTHER HOUSEHOLD MEMBERS</u>	<u>8</u>

<u>STUDENT INFORMATION</u>	<u>9</u>
<u>Student Demographics</u>	<u>9</u>
<u>Student Race/Ethnicity</u>	<u>10</u>
<u>Student Housing</u>	<u>11</u>
<u>Student Services</u>	<u>11</u>
<u>Student Language Information</u>	<u>12</u>
<u>Student's Previous School</u>	<u>12</u>
<u>Tribal Enrollment</u>	<u>13</u>
<u>Student Relationship to Parent/Guardian(s)</u>	<u>13</u>
<u>Student Relationship to Emergency Contact(s)</u>	<u>14</u>
<u>Health Services – Emergency Information</u>	<u>14</u>
<u>Medical & Mental Health Conditions</u>	<u>14</u>
<u>Student Medications</u>	<u>15</u>
<u>Over-the-Counter Medication and Release (OPTIONAL)</u>	<u>15</u>
<u>Release Agreements</u>	<u>17</u>
<u>Extracurricular Activities (shows for 6th grade and up only)</u>	<u>17</u>
<u>District Policies</u>	<u>18</u>
<u>Repeat for additional students</u>	<u>19</u>
<u>REVIEW & SUBMIT</u>	<u>19</u>
<u>SUPPORT & ASSISTANCE</u>	<u>20</u>

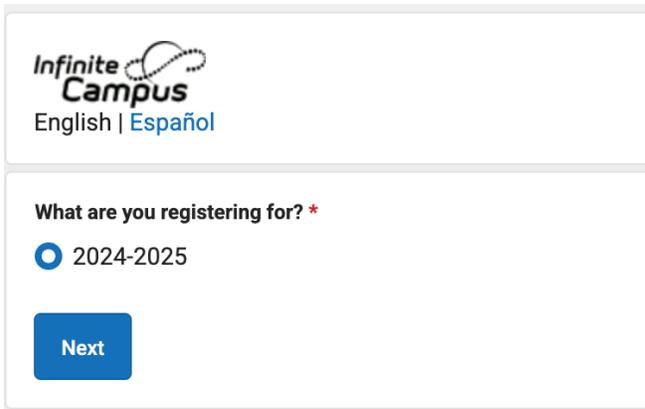
1. Accessing Online Registration: go to registration.lcsd2.org

We do **NOT** recommend using a mobile phone for registration due to screen size limitations. Ensure **pop-ups are enabled** in your browser for full functionality.

2. Year Selection

Select the school year for which you are registering your student(s).

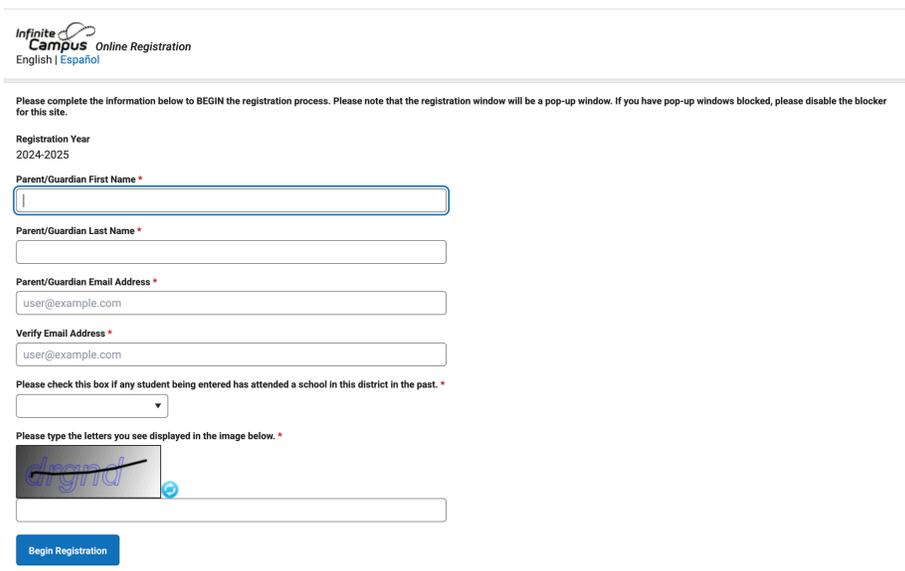
If the year you are looking for is not available please see our [Online Registration site](#) or contact one of our schools or the district office for more information.



The screenshot shows the Infinite Campus logo at the top left, with the text "English | Español" below it. The main heading is "What are you registering for? *". Below this, there is a radio button selected next to "2024-2025". At the bottom left, there is a blue button labeled "Next".

3. Enter Your Information & Email

Provide your name and email address to start the registration process. Click **Begin Registration** once done. This will send a link to your email to get into the registration.



The screenshot shows the Infinite Campus Online Registration form. At the top left is the logo and "English | Español". A disclaimer states: "Please complete the information below to BEGIN the registration process. Please note that the registration window will be a pop-up window. If you have pop-up windows blocked, please disable the blocker for this site." The form includes:

- Registration Year: 2024-2025
- Parent/Guardian First Name: [Empty text box]
- Parent/Guardian Last Name: [Empty text box]
- Parent/Guardian Email Address: user@example.com
- Verify Email Address: user@example.com
- A checkbox for "Please check this box if any student being entered has attended a school in this district in the past." with a dropdown menu.
- A CAPTCHA image showing the letters "hgnnd" with a blue checkmark, and a text box for the user to type the letters.
- A blue button at the bottom labeled "Begin Registration".

4. Email Confirmation & Registration Link

Check your email for a confirmation link. Click the link to proceed or copy and paste into a web browser. The email and link will look like this:

Welcome to 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 -- demographic and health/medication information.
- Emergency contact -- 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 email sydney.gardner@lcsd2.org.

Please click the link below to begin the registration process.

<https://lcsd2.infinitecampus.org/campus/OLRLoginEmail/lincoln2?appGUID=044940EA-025B-46A2-A236-6131B037CBF2>

**Check your SPAM/JUNK folders*

5. Choose Language

Select your preferred language for the registration process. Currently, we offer the registration in English and Spanish.



Application Number 12085

[English | Español](#)

Please pick your preferred language.

Por favor elija su idioma preferido.

6. Confirm Identity

Enter your full name to confirm your identity and begin the registration. This should only be completed by a **legal parent/guardian**.



Application Number 12085

[English | Español](#)

Welcome **(Your name)**! 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.

Submit

7. Begin Registration

This is the initial registration page, which outlines the sections. Click **'Begin'** to continue.



English | Español

* Indicates a required field

Application Number 12063
Application For 2025-2026

Welcome to Lincoln County School District #2's 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 – demographic 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. **Do not enter information in all caps.** If you need assistance, please email sydney.gardner@lcsd2.org.

Begin

8. Household Information

Enter your household phone number and the contact preferences for that number:



English | Español

Application Number 12063
Application For 2025-2026

1
2
3
4
5
6

* Indicates a required field

Primary Phone

Primary Phone *

(555)123-4567

Contact Preferences						
	EMERGENCY	ATTENDANCE	GENERAL	FOOD SERVICE	TEACHER	PRIVATE
VOICE	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
TEXT(SMS)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Description of Contact Preferences

Emergency - Marking this checkbox will use this method of contact for emergency messages

High Priority

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.

Food Service - Marking this checkbox will use this method of contact for food service messages

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 should be listed as private

Next >

Types of messages:

- **Emergency** – Enables urgent alerts, such as school closures or emergencies.
- **Attendance** – Notifies you of attendance-related updates, including absences and tardies.
- **General** – Includes school and district announcements, such as event reminders and newsletters.
- **Food Service** – Provides updates on lunch balances and meal-related notifications.
- **Teacher** – Allows you to receive messages from teachers, including updates on missing assignments or class announcements.

Enter your **physical address**:

Physical Address

*Please verify or add the information below. Please update any information that is incorrect. 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/House Number field, E should be entered into the Direction field, Sesame should be entered into the Street Name Only field, and ST should be entered in the St, Ave, Blvd, etc. field.

Street/House Number *	Direction	Street Name Only *	St, Ave, Blvd, etc.	Apartment Number
<input type="text" value="555"/>	<input type="text" value="East"/>	<input type="text" value="Sesame"/>	<input type="text" value="St"/>	<input type="text"/>
City *	State *	Zip *	Ext.	
<input type="text" value="Afton"/>	<input type="text" value="WYOMING"/>	<input type="text" value="83110"/>	<input type="text"/>	

Enter your **mailing address** (if not separate from your Physical Address, leave as 'No'), click **'Save/Continue'** when done:

Mailing Address

Does this household receive mail at a different address? *

If your mailing address is a PO Box please select the **PO Box** checkbox first and enter the PO Box number into the Number field.

Post Office Number *

City *	State *	Zip *
<input type="text" value="Afton"/>	<input type="text" value="WYOMING"/>	<input type="text" value="83110"/>

9. Parent/Guardian Section

Add parents/guardians to your household and provide their contact information by clicking the **'Add New Parent/Guardian'** button.

Parent/Guardian

FIRST NAME	LAST NAME	GENDER	COMPLETED
No records available.			

Add New Parent/Guardian

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

[< Back](#)

Here is where you can set the contact preferences for that specific parent/guardian's number and email.

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
 →

	EMERGENCY	ATTENDANCE	GENERAL	FOOD SERVICE	TEACHER	PRIVATE
VOICE	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
(SMS)TEXT	<input checked="" type="checkbox"/>	<input type="checkbox"/>				

Work Phone

Other Phone

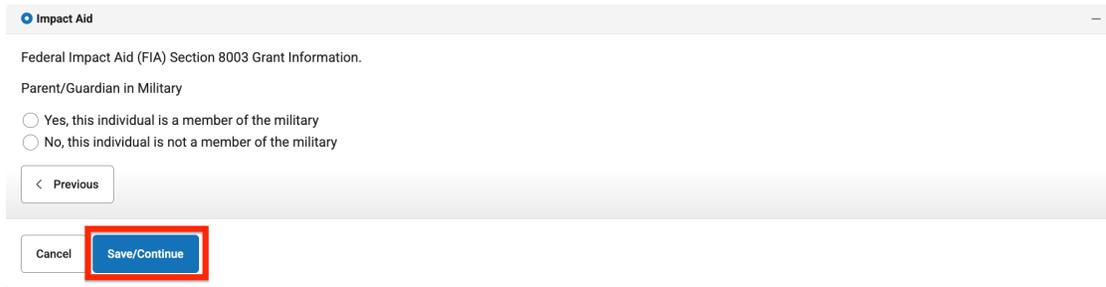
Email
 →

	EMERGENCY	ATTENDANCE	GENERAL	FOOD SERVICE	TEACHER	PRIVATE
	<input checked="" type="checkbox"/>	<input type="checkbox"/>				

Secondary Email

[< Previous](#) **[Next >](#)**

You will also be required to indicate your Federal Impact Aid (FIA) status.



The screenshot shows a web form titled "Impact Aid" with a sub-section for "Federal Impact Aid (FIA) Section 8003 Grant Information." The specific question is "Parent/Guardian in Military". There are two radio button options: "Yes, this individual is a member of the military" and "No, this individual is not a member of the military". Below the options is a "Previous" button with a left arrow. At the bottom of the form are two buttons: "Cancel" and "Save/Continue", with the "Save/Continue" button highlighted by a red rectangular box.

Click '**Save/Continue**' when done. Repeat the process for **each guardian** in your household.

10. Emergency Contacts

Add at least one emergency contact who is local and can pick up your student if needed. Use the **'Add New Emergency Contact'** button.

Emergency Contact

FIRST NAME	LAST NAME	GENDER	COMPLETED
No records available.			

In order to help prevent the creation of duplicate records, please do not create new records in this section for the following people:

FULL NAME	REASON
Example Parent	Already in this application as a Parent/Guardian

Add New Emergency Contact

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.

< Back
Save/Continue

You will be required to enter their name and contact details:

Contact Name:

● Demographics

Please complete the following information for each emergency contact for your students.

First Name *

Middle Name

Last Name *

Suffix

Gender *

Next >

● Contact Information

Enter the contact information for this emergency contact.

At least one Phone Number is required.

Home Phone

Cell Phone

Work Phone

Email

< Previous
Save/Continue

Click **'Save/Continue'** when done. Repeat the process as needed.

11. Other Household Members

Click **'Add New Household Member (Child not currently enrolled)'** to include individuals in your household who are not students (e.g., younger siblings not yet school age). Repeat the process as needed. When done, click **'Save/Continue.'**

Other Household (Not to be enrolled)

FIRST NAME	LAST NAME	GENDER	COMPLETED
No records available.			

In order to help prevent the creation of duplicate records, please do not create new records in this section for the following people:

FULL NAME	REASON
Example Parent	Already in this application as a Parent/Guardian
Emergency Contact	Already in this application as an Emergency Contact

[Add New Household Member \(Child not currently enrolled\)](#)

Please list **other children** of the Primary Household **that are not to be enrolled** in school. You will add students to be enrolled in a later step.

[< Back](#)
[Save/Continue](#)

Adding future students helps us plan for upcoming school years. This is not required and can be skipped by clicking **'Save/Continue.'**

12. Student Section

Click the 'Add New Student' button to add a student to the registration.

* Indicates a required field

FIRST NAME	LAST NAME	GENDER	SCHOOL	COMPLETED
No records available.				

In order to help prevent the creation of duplicate records, please do not create new records in this section for the following people:

FULL NAME	REASON
Example Parent	Already in this application as a Parent/Guardian
Emergency Contact	Already in this application as an Emergency Contact

Add New Student

Please include all students that need to be enrolled.

< Back

Student Demographics

Input the student's information: Name, birthdate, grade, school you are enrolling in, and the student's foreign exchange status. The rest of the fields are *optional*. Click 'Next' when done.

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 *
<input type="text"/>	<input type="text"/>	<input type="text"/>
Legal Middle Name	Birth Date *	School *
<input type="text"/>	month/day/year <input type="text"/>	<input type="text"/>
Legal Last Name *	Date Entered U.S.	
<input type="text"/>	month/day/year <input type="text"/>	
Suffix	Foreign Exchange *	
<input type="text"/>	<input type="radio"/> Yes, this is a foreign exchange student	
Nickname	<input type="radio"/> No, this is not a foreign exchange student	
<input type="text"/>		
Student Cell Number		
() - -		

Next >

Student Race & Ethnicity

Define the student's Race and Ethnicity.

When completing this section, you will need to provide information in two steps:

1. **Hispanic/Latino Identification** – Select **"Yes" or "No"** to indicate whether your student is of **Hispanic or Latino origin**.
2. **Race Selection** – Check **all racial categories that apply** to your student. Options include:
 - American Indian or Alaska Native
 - Asian
 - Black or African American
 - Native Hawaiian or Other Pacific Islander
 - White

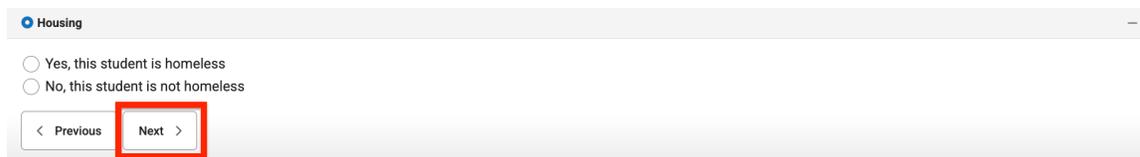
Note: Selecting "Yes" for Hispanic/Latino does not replace selecting a race category—both questions must be completed. If you are unsure how to answer, please contact your school for guidance.

Click **'Next'** when done.

The screenshot shows a web form titled "Race Ethnicity". At the top, there is a dropdown menu labeled "Is Hispanic/Latino *". Below it, a red error message states "This field is required". A note below the error message reads: "Please check all that apply. If not Hispanic, at least one is required. *". There are five radio button options listed: "American Indian or Alaska Native", "Asian", "Black or African American", "Native Hawaiian or Other Pacific Islander", and "White". At the bottom of the form, there are two buttons: "< Previous" and "Next >". The "Next >" button is highlighted with a red rectangular box.

Student Housing

Define the student's housing status of homeless or not homeless. Click '**Next**' when done.



The screenshot shows a form titled "Housing" with two radio button options: "Yes, this student is homeless" and "No, this student is not homeless". Below the options are two buttons: "Previous" and "Next". The "Next" button is highlighted with a red rectangular box.

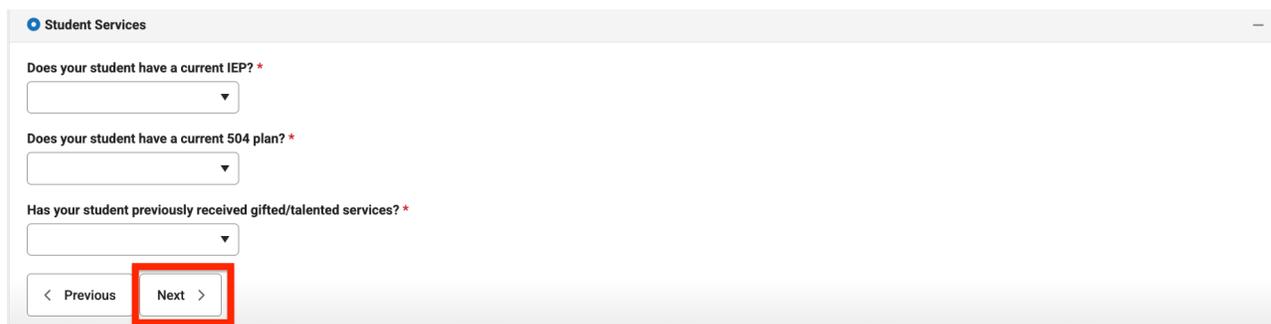
Student Services

In this section, indicate whether your student is currently receiving any specialized services, such as:

- **Individualized Education Program (IEP)** – Special education services tailored to your child's needs.
- **504 Plan** – Accommodations for students to support their learning.
- **Gifted/Talented Program** – Advanced learning opportunities for students identified as gifted or talented.

If you are unsure, please contact your child's school for clarification.

Click '**Next**' when done.



The screenshot shows a form titled "Student Services" with three dropdown menus. The first dropdown is labeled "Does your student have a current IEP? *", the second is "Does your student have a current 504 plan? *", and the third is "Has your student previously received gifted/talented services? *". Below the dropdowns are two buttons: "Previous" and "Next". The "Next" button is highlighted with a red rectangular box.

Student Language Information

This section helps the school understand your child's language background. It contains four questions, but only one is required:

- What language does your child most frequently use at home?
- What language did your child learn when he/she first began communicating?
- **What language is used by you and your family most frequently at home?** (*This question must be answered.*)
- Has your child ever received English Language Learner (ELL) services?

Click 'Next' when done.

Language Information

Please enter language information for your student below.

What language does your child most frequently use at home?

What language did your child learn when he/she first began communicating?

What language is used by you and your family most frequently at home? *

Has your child ever received (English Language) ELL services?

< Previous Next >

Student's Previous School

If your student previously attended another school, you may enter details such as the school's name, city, state, country, and phone number to help us request their records.

You must indicate "Yes" or "No" if your student was **suspended or expelled** from another school in the last year. Click 'Next' when done.

Previous School

Please enter information regarding this student's prior schools. Only enter schools that are not in part of LCSD#2.

Last Year

School

City

State

Country

Phone

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

< Previous Next >

Tribal Enrollment Information

Please indicate whether your student has an active enrollment in a United States Tribe. Click 'Next' when done.

Tribal Enrollment

Yes, this student has an active enrollment in a United States Tribe
 No, this student does not have an active enrollment in a United States Tribe

Student Relationship to Parent/Guardians

Indicate the **parent/guardian's relationship** to the student and specify the following preferences:

- **Guardian:** Mark if this individual is a legal guardian.
- **Mailing:** Mark if they should receive mail for the student.
- **Access to Student Information (Portal):** Determine if they should have a Campus Parent Account to view student records.
- **Messaging:** Mark if they should receive notices from the school/district for the student.

Finally, set the **contact sequence**, which determines the order in which the district staff will reach out if needed. Please start at 1 and work your way down.

Click 'Next' when done.

Relationships - Parent/Guardians

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

NAME	RELATIONSHIP *	GUARDIAN	MAILING	PORTAL	MESSENGER	SECONDARY HOUSEHOLD	CONTACT SEQUENCE *
EXAMPLE PARENT	Guardian	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		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.

Student Relationship to Emergency Contacts

Select the student's relationship to each listed emergency contact. You will also need to set the contact sequence, ensuring it continues off the order established in the Parent/Guardian Relationships section (e.g., if you have two guardians, your emergency contact would start at 3 for the contact sequence). Click **'Next'** when done.

Relationships - Emergency Contacts

A minimum of (1) Emergency Contacts are required

NAME	RELATIONSHIP *	CONTACT SEQUENCE *
EMERGENCY CONTACT	Emergency Contact	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.

< Previous **Next** >

Health Services – Emergency Information

Provide the student's primary care provider's name and phone number. This is optional. Click **'Next'** when done.

Health Services - Emergency Information

Primary Care Provider

Primary Care Phone

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 within the first 30 days of school.

< Previous **Next** >

Medical & Mental Health Conditions

Provide student's medical & mental health conditions. Click **'Next'** when done. An example below is how it would look to add an allergy to peanuts.

Health Services - Medical or Mental Health Conditions

Does this student have any medical or mental health conditions? *

Yes

Condition *

Allergy (to food/sensitivity, please list)

Details and Instructions (Please provide details on allergies in the comment box.)

peanuts

Remove Condition

Add Condition

Please provide details such as specific allergy triggers (specific food, insect, etc) or any other necessary information or instructions. For conditions listed as "other", please provide the name of the condition and any additional information.

If your student has a medical/mental condition, a Health Plan is required to be filled out every year. Please visit [Student Health Services](#) for forms.

< Previous **Next** >

Student Medications

If your student takes **any medications at school**, enter them in this section. Use the 'Add Medication' button to list all necessary medications. Once all medications are added, click 'Next' to continue. The example below shows how to enter an EpiPen.

Health Services - Medications

Does this student take any medications? *

Yes

Medication *
EpiPen

Where Taken *
Both

Medication Type *
Emergency

Comments and Instructions
For allergic reaction to peanuts

Remove Medication

Add Medication

Does your student take ANY medications AT SCHOOL? (Inhaler, EpiPen, Over-the-Counter [Tylenol or Ibuprofen], Diabetes Medication, Other Rescue Medications). If so, your student will require medication at school, download and fill out the [Medical Authorization Form](#) to submit to a school secretary.

< Previous Next >

Over-the-Counter Medication at School and Release of Liability (OPTIONAL)

This section is **optional**. If you choose to skip, use the 'Next' button at the bottom.

If completing this section, indicate which **over-the-counter medications** your child is **authorized** to receive from trained school personnel.

- **Grades 7-12** – You may request to be contacted **before** medication is administered by checking the designated box.
- **Grades K-6** – Parents will be contacted **before** any medication is given.

You must also **reconfirm any medication allergies**, as this is critical information.

Finally, enter **today's date** and select "**YES**" to give parental permission.

Once completed, click "**Next**" to continue.

Example of the section on next page.

 OTC Medication Release - OPTIONAL

PERMISSION FOR ADMINISTRATION OF OVER-THE-COUNTER MEDICATION AT SCHOOL AND RELEASE OF LIABILITY

This section is **OPTIONAL**. Use the Next button at the bottom of the section to skip.

Please place a check mark in the box next to each medication your child is **AUTHORIZED** to receive from the trained school personnel:
(Dose will be based on age / weight per guidelines from the American Academy of Pediatrics)

Acetaminophen Tab (generic for Tylenol)

Chewable Acetaminophen (generic for Tylenol)

Ibuprofen Tab (generic for Advil/Motrin)

Chewable Ibuprofen (generic for Advil/Motrin)

Cetirizine Tab (generic for Zyrtec [Allergy Relief])

Liquid Cetirizine (generic for Zyrtec [Allergy Relief])

Tums (antacid)

Cough Drops

Saline

1% Hydrocortisone Cream

Bacitracin Antibiotic Ointment

Parent Contact At Time of Administration

1. For oral medication (tylenol ibuprofen, zyrtec, tums) - written consent AND
 - a.) For student **KG-6th** grade: Parents will be contacted prior to administration.
 - b.) For students **7th-12th grade** : Parents have the **CHOICE** to be contacted prior to administration.
2. For topicals, saline, and cough drops - parents will **NOT** be contacted prior to administration.

To request contact before medication is administered for 7th-12th graders, please check the box below.

Please write out any **MEDICATION ALLERGIES** your student has:

Permission from Parent/Guardian:

By entering today's date and selecting "YES," you confirm that you are granting permission for the administration of the above-listed medication(s) to your student. You, the parent/guardian, authorize trained school personnel to administer these medications in accordance with school board policy and standing orders. Furthermore, you agree to indemnify and hold harmless LCS2D and its employees from any claims or liabilities, except those arising from willful and wanton misconduct, related to the administration or your child's self-administration of medication.

Today's Date:

Parent Permission:

- YES
 NO

< Previous **Next** >

Complete Release Agreements

Review and complete agreements for media, field trips, technology, etc. When you are done, click **'Next'** to continue.

Release Agreements

Media

Yes - I give permission for my child's photo and/or video, name and/or achievements published in the school newspapers and/or newsletters, released to local newspapers/radio station and/or posted on the school's website.

No - I do not consent for my child's photo and/or video, name and/or achievements published in the school newspapers and/or newsletters, released to local newspapers/radio station and/or posted on the school's website.

Field Trip

Yes - I give permission for my child to attend school-related field trips.

No - I do not consent for my child to participate in School and/or District approved field trips.

Technology

I agree to the Technology acceptable use policy. [Download *](#)

I understand that LCSD#2 creates third-party accounts for the purposes of supporting the educational environment. These systems may include, but are not limited to: Google, Apple, Microsoft, Canvas, Renaissance Learning (Accelerated Reader), Infinite Campus, Adobe, Pearson (Math XL), Wyoming Department of Education, and others. By agreeing, you also affirm you have read and agree to [LCSD2's G Suite for Education Notice to Parents and Guardians. *](#)

Wyoming Immunization Records

Please click the following link, download, and read the policy: [Wyoming Immunizations Record Database Release Form](#)

Yes, I agree to release my students immunization records to the district health staff.

No, I do not agree to release my students immunization records to the district health staff.

Immunization Upload

Please upload your student's immunization record here OR turn it in to the school secretary within 30 days of enrollment.

Preferred format is a PDF (size limit 3MB).

Drop files here to select

< Previous
Next >

Extracurricular Activities

If the student is in grade 6 or above, this section will appear. It is informational only and does not require any action.

Review the information, then click **'Next'** to continue.

Extracurricular Activities

Extracurricular activities at grade levels 6 and up will require the following forms to be read and signed annually by the student and parent/guardian. These forms will be provided by the school upon your student joining an activity and are listed below for your viewing and/or download. Additionally, please be aware that all physicals for the upcoming school year must occur on or after May 1st.

[Activity Forms Packet](#)

< Previous
Next >

District Policies

Review and acknowledge the required District Policies in this section. A link will be provided if you wish to download a copy for reference. At the end, you must provide an Electronic Signature to confirm your agreement.

Click **'Save/Continue'** when done.

Agreements

District Policies

Please click the links and download a copy of the district policies listed below:

Attendance Policy

I Agree *

Please click the following link, download, and read the policy: [Attendance Policy](#)

School Bus Behavior

I Agree *

Please click the following link, download, and read the policy: [School Bus Behavior](#)

Harassment, Intimidation, and Bullying Policy

I Agree *

Please click the following link, download, and read the policy: [Harassment, Intimidation, and Bullying Policy](#)

FERPA

I acknowledge that I've been informed of my rights under FERPA. *

Please click the following link, download, and read the policy: [FERPA](#)

Student Dress Code

I Agree *

Please click the following link, download, and read the policy: [Student Dress Code Policy](#). Schools have individual procedures surrounding student dress code. Please refer to the individual school handbook. [All Schools' Handbooks](#).

Unpaid Student Meal Debt

I have read *

Please click the following link, download, and read the policy: [Unpaid Student Meal Debt Policy](#).

Electronic Device Use Agreement

I Agree *

Please click the following link, download, and read the policy: [Electronic Device Use Agreement \(only applicable to high school students, grades 9-12\)](#)

Teacher Qualification Agreement

I Agree *

The Every Student Succeeds Act (ESSA) was signed into law in December 2015. Section 1112 (e)(1)(ii), addresses the parent's right to know. You have the right to request information about the qualifications of your child's teacher, which includes state license status with approved subject areas, emergency/provisional status, and field of discipline. You also have the right to request information about paraprofessionals if any are providing services to your child, and what their qualifications are. The individual school's handbooks can be found [HERE](#).

By signing below, I hereby acknowledge that I have completely read and fully understand the district policies and agreements above. I also understand that the information provided for my student is true and correct to the best of my knowledge.



Repeat this process for every student you wish to enroll.

Using the 'Add New Student' button, repeat the above process for every student you wish to enroll.

Click 'Save/Continue' when done.

Review & Submit

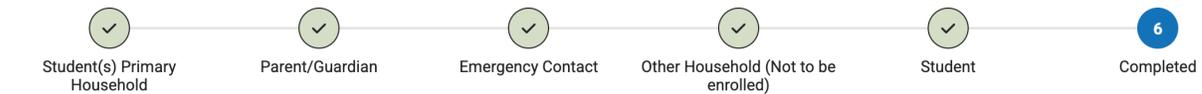
Before submitting, carefully **review all entered information** to ensure accuracy. If you wish, you can download a summary of your application for your records.

Once you are ready, click "**Submit.**" You will **not** be able to make any changes after submission.

You will receive an **email confirmation** once your application is received and another notification when it has been approved by the school.



Application Number 12063
Application For 2025-2026



* Indicates a required field

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.

You must submit your application by clicking the following button.

Back
Application Summary PDF
Submit

Support & Assistance

If you have any questions, encounter issues, or have concerns about the registration process, please reach out to sydney.gardner@lcsd2.org—we're happy to help!

If applicable, please include your registration **application number** in your message. This helps us locate your registration more quickly. You can find the application number in the top right-hand corner of your registration form.

 **Infinite Campus** Online Registration
English | [Español](#)

* Indicates a required field

Application Number 12063
Application For 2025-2026