C-STARS

Summer Learning Registration for Parents/Guardians who have been assigned a Portal Activation Key

Clayton's Student Toolkit for Academic Reporting Systems

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1 Log in to the Parent Portal Website: https://sis.clayton.k12.ga.us/campus/portal/clayton.jsp

2 Enter your Parent Portal username and password:

Infinite Campus — Transforming K12 Education®

Campus Portal

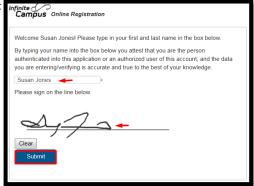Clayton County Public Schools

Username

Password

Sign In »

> *If you do not have a Username and password, please see *Instructions for parents/guardians who have NOT been assigned a Portal Activation Key.*

3 Select **Online Registration** from the left side of the page

Online Registration
SLDS Portal
Clayton County Public Schools

4 The Online Registration screen will appear showing all students in the household. Select **Begin Registration**

5 Confirm that you are the authorized user of the account by first typing your name, then signing (*both steps must be completed to continue*). Click **Submit**

Infinite Campus Online Registration

Welcome Susan Jones! 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.

Susan Jones

Please sign on the line below.

Clear

Submit

6 Select **Begin** to begin the Online Registration process.

7 Verify the home phone is correct and click "Next" to continue

8 Verify your home address as shown. If incorrect, select the box and fill in your new or corrected address. **Please note:** ALL fields with red asterisk (*****) are required and you will not be able to continue until completed.

Your address as listed in the portal
42 Wallaby Way
Jonesboro, GA 30236

☐ The home address listed is no longer current

Clear Address Fields

As you enter, click on your address if it appears in box

If the address is correct select next if not, select the box above to enter corrected information

◄ Previous   Next ►

Infinite Campus

9 If you have a mailing address separate from your physical address, that information can be entered here. If not, select ☑ The household has no separate Mailing Address and continue.

10 The Parent/Guardian screen shows the individuals listed in Infinite Campus as parent/guardian of the students in this household. The Yellow highlighted information shows that required information is missing and must be edited or reviewed to proceed. Select Edit/Review to complete the information. Once completed, a green ✓ will appear.

Parent/Guardian

First Name	Last Name	Gender	Completed	Record Type	
Stanley	Jones	M	✓	Existing	Edit/Review
Susan	Jones	F		Existing	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.

Enter each parent/guardian for all students enrolling. Please review and complete the following:

First Name	Stanley *
Middle Name	
Last Name	Jones
Suffix	
Birth Date	* This field is required / * Invalid date, must be in MM/DD/YYYY format
Gender	Male — * This field is required
Marital Status	— * This field is required
Employer	
Highest Education Level	* — * This field is required
Preferred Language	— * This field is required

☑ Please check this box if this person lives at the same household address listed below.
42 Wallaby Way
Jonesboro, GA 30236

Enter each parent/guardian for all students enrolling. Please review and complete the following:

First Name	Stanley *
Middle Name	
Last Name	Jones
Suffix	
Birth Date	02/04/1970 *
Gender	Male *
Marital Status	Married
Employer	Delta Airlines
Highest Education Level	Undergraduate *
Preferred Language	English, Standard American *

☑ Please check this box if this person lives at the same household address listed below.
42 Wallaby Way
Jonesboro, GA 30236

11 Select Continue to enter Contact Information on this person (Contact Preferences have been pulled from existing data in Infinite Campus)

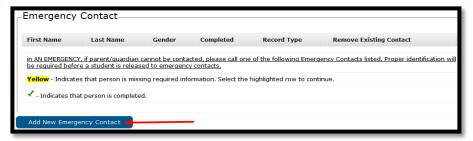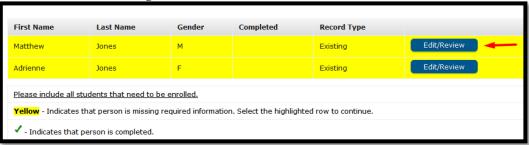**Contact Information**

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

		Contact Preferences						
		Emergency	High Priority	Attendance	Behavior	General	Teacher	Private
Cell Phone	(770)555 -7777							
Work Phone	(678)555 -1111 x							
Email	* StanleyJones@FicticiousEmail.net	☑	☑	☑	☑	☑	☑	☐
or								
Has no e-mail	☐							
Secondary Email								

12 Begin to Edit/Review the next Parent/Guardian if applicable.

13 Once all guardians are complete, select Save/Continue.

14 If an Emergency Contact is needed, Please add him/her here
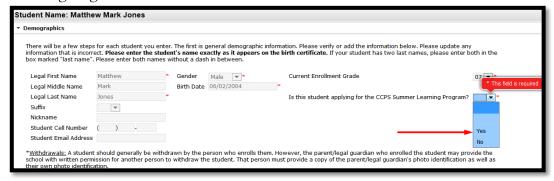

The Student Section of the registration is very similar to that of the parent/guardian section. Persons highlighted in yellow must be edited/review before moving forward in the application.

15 Select Edit/Review to begin on the first student

16 Review all demographic information and make corrections if needed. Select "Yes" for the Summer Learning Program and click "Next"

17 Select your 1st and 2nd Program Choice along with answering questions 1-3 regarding your child's interest. You will also need to indicate if your child will need transportation then, *Select Next.*

18 The next screen displays your child's Race Ethnicity as shown in Infinite Campus. **This information cannot be changed in the Summer Learning registration.** Please contact your child's school for modifications.
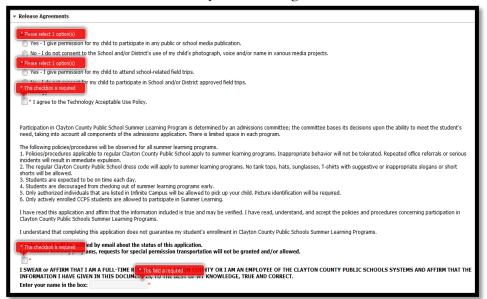
19 Indicate the sequence you would like to be contacted in case this is needed by the Summer Learning program. In the example below; although *Stanley* is listed first, *Susan* will be called first since her sequence number is 1. Click "Next"

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

Name	Relationship*	Guardian	Mailing	Portal	Messenger	Secondary Household	Contact Sequence*
Stanley Jones	Father	☑	☑	☑	☑		2
Susan Jones	Mother	☑	☑	☑	☑		1

20 Verify the relationships are correct (if applicable) and click next

Name	Relationship*	or	No Relationship
Adrienne Jones	Sibling		☐

21 Read each Release Agreement and select Yes or No for each statement. Enter your name to affirm the Information is true to the best of your knowledge. Click Save and Continue

▼ Release Agreements

* Please select 1 option(s)
○ 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.

* Please select 1 option(s)
○ 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.

* This checkbox is required
☐ * I agree to the Technology Acceptable Use Policy.

Participation in Clayton County Public School Summer Learning Program is determined by an admissions committee; the committee bases its decisions upon the ability to meet the student's need, taking into account all components of the admissions application. There is limited space in each program.

The following policies/procedures will be observed for all summer learning programs.
1. Policies/procedures applicable to regular Clayton County Public School apply to summer learning programs. Inappropriate behavior will not be tolerated. Repeated office referrals or serious incidents will result in immediate expulsion.
2. The regular Clayton County Public School dress code will apply to summer learning programs. No tank tops, hats, sunglasses, T-shirts with suggestive or inappropriate slogans or short shorts will be allowed.
3. Students are expected to be on time each day.
4. Students are discouraged from checking out of summer learning programs early.
5. Only authorized individuals that are listed in Infinite Campus will be allowed to pick up your child. Picture identification will be required.
6. Only actively enrolled CCPS students are allowed to participate in Summer Learning.

I have read this application and affirm that the information included is true and may be verified. I have read, understand, and accept the policies and procedures concerning participation in Clayton County Public Schools Summer Learning Programs.

I understand that completing this application does not guarantee my student's enrollment in Clayton County Public Schools Summer Learning Programs.

* This checkbox is required ified by email about the status of this application.
ams, requests for special permission transportation will not be granted and/or allowed.
☐ *

I SWEAR or AFFIRM THAT I AM A FULL-TIME R   * This field is required   TY OR I AM AN EMPLOYEE OF THE CLAYTON COUNTY PUBLIC SCHOOLS SYSTEMS AND AFFIRM THAT THE INFORMATION I HAVE GIVEN IN THIS DOCUMENT IS, TO THE BEST OF MY KNOWLEDGE, TRUE AND CORRECT.
Enter your name in the box: [   ] *

Infinite Campus

22 You will return to the student screen, select Save/Continue to arrive at the final screen to submit your registration.

23 Changes can be made prior to submitting the application by clicking on either tab at the top of your screen.
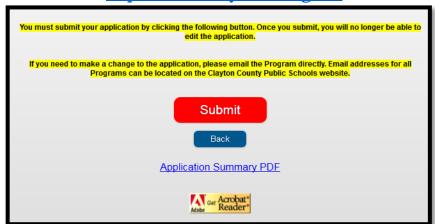
| ✓ Student(s) Primary Household | ✓ Parent/Guardian | ✓ Emergency Contact | ✓ Student | ▼ Completed |

Online changes cannot be made once the application has been submitted. If you wish to make changes, please email the Program directly. Email address for all programs are located on the Clayton County Public Schools website:
http://www.clayton.k12.ga.us

You must submit your application by clicking the following button. Once you submit, you will no longer be able to edit the application.

If you need to make a change to the application, please email the Program directly. Email addresses for all Programs can be located on the Clayton County Public Schools website.

Submit

Back

Application Summary PDF