



## Summer Learning Registration for Parents/Guardians who have

### **NOT** been assigned a Portal Activation Key

Clayton's Student Toolkit for Academic Reporting Systems

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

2 Select the 2<sup>nd</sup> "Click here" hyperlink

\*If you have a Username and password, please see *Instructions for parents/guardians who have been assigned a Portal Activation Key.*

Clayton County Public Schools

Username

Password

[Sign In >>](#)

[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](#)

3 Select the hyperlink in the bottom Paragraph to retrieve your list of keys

Campus Portal

Clayton County Public Schools

### Requesting a Campus Portal Activation Key

Contact your child's school for instructions on how to obtain an activation key.

[Click here to login.](#)

**Notice**

PARENTS: In Infinite Campus, parents can create their own username and password to access students in their household using the steps below. You will need the Student ID, Birthdate, and SSN of one student in the household in order to get an Activation Key to create a profile. Student ID's can be found on various documents that come home from the schools including the Student Schedule and Report Cards. ***If you are a staff member of CCPS and already have an Infinite Campus login, you can use this for portal access as well, dependent upon how your household is setup.***

If you do not have an Activation Key, [click here](#) to retrieve a list of keys for parents living in the same household as the student who have not yet created an account.

4 Enter the requested information (all information is required)

**Infinite Campus** Portal Activation Key Lookup

Student Number:

Student SSN:  99999999 (no dashes)

Student Birthdate: Month:  Day:  Year:  (4 Digit Year)



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- 5 The Activation Keys will then be displayed on your screen as shown below.  
\*You will need to write down this information prior to clicking on “Click Activate Your Parent Portal Account Now” Enter after the GUID (beginning with the number)

**Susan Jones** GUID: 56B3D1A1-BB64-4CCE-A5BA-7738767AD5A6  
**Stanley Jones** GUID: 6E7D1AE4-F8A6-46D6-860E-60800C1F1DFB

[Activate Your Parent Portal Account Now](#)

- 6 Once the account is created, you have the opportunity to create a username and password.  
Passwords *are* case sensitive

**Campus Portal**

**Campus Portal account creation successful!** Clayton County Public Schools

Welcome **Stanley Jones**, you are now ready to create your Campus Portal account. You must enter a user name and password that you will use to access Campus Portal in the future.

Username

Password  
 0%

Verify Password

- 7 When you have successfully created your account, enter the Campus Portal login page and enter your newly created username and password.

**Campus Portal**

**Campus Portal account creation** Clayton County Public Schools

Congratulations! You have successfully created your Campus Portal account. [Click here](#) to enter Campus Portal login page.

Username

Password

**Sign In** >>

[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](#)



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- 8 Select **Online Registration** from the left side of the page

Online Registration  
SLDS Portal  
Clayton County Public Schools

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

- 10 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

- 11 Select **Begin** to begin the Online Registration process.

- 12 Verify the home phone is correct and click “Next” to continue

- 13 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

- 14 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.



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- 15 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.

First Name	Last Name	Gender	Completed	Record Type
Stanley	Jones	M	✓	Existing
Susan	Jones	F		Existing

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:   
 Gender: Male  
 Marital Status:   
 Employer:   
 Highest Education Level:   
 Preferred Language:   
 Please check this box if this person lives at the same household address listed below.  
 42 Wallaby Way  
 Jonesboro, GA 30236

\* This field is required  
 \* Invalid date, must be in MM/DD/YYYY format.  
 \* This field is required  
 \* This field is required  
 \* This field is required

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

- 16 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.

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

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

- 18 Once all guardians are complete, select Save/Continue.



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- 19 If an Emergency Contact is needed, Please add him/her here. If not, click continue

First Name	Last Name	Gender	Completed	Record Type	Remove Existing 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.					
<b>Yellow</b> - Indicates that person is missing required information. Select the highlighted row to continue.					
✓ - Indicates that person is completed.					
Add New Emergency Contact					

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

Select Edit/Review to begin on the first student

First Name	Last Name	Gender	Completed	Record Type	
Matthew	Jones	M		Existing	Edit/Review
Adrienne	Jones	F		Existing	Edit/Review

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.

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

Student Name: Matthew Mark Jones

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: Matthew  
 Legal Middle Name: Mark  
 Legal Last Name: Jones  
 Suffix: [dropdown]  
 Nickname: [text]  
 Student Cell Number: ( ) - [text]  
 Student Email Address: [text]

Gender: Male  
 Birth Date: 06/02/2004  
 Current Enrollment Grade: 07

Is this student applying for the CCPS Summer Learning Program?  
 Yes  
 No

\*Withdrawals: A student should generally be withdrawn by the person who enrolls them. However, the parent/legal guardian who enrolled the student may provide the school with written permission for another person to withdraw the student. That person must provide a copy of the parent/legal guardian's photo identification as well as their own photo identification.

- 22 Select your 1<sup>st</sup> and 2<sup>nd</sup> 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. Select Next.

- 23 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.



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- 24 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	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		2
Susan Jones	Mother	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		1

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

Name	Relationship*	or	No Relationship
Adrienne Jones	Sibling		<input type="checkbox"/>

- 26 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

I am a parent/guardian of the student. If you are a parent/guardian, requests for special permission transportation will not be granted and/or allowed.

\* This field is required

I SWEAR OR AFFIRM THAT I AM A FULL-TIME RESIDENT OF CLAYTON COUNTY 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:



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

Changes can be made prior to submitting the application by clicking on either tab at the top of your screen.



**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>

