

Inscripción al Summer Learning Program (Programa de aprendizaje de verano) para las personas que tienen una clave de activación del portal asignada

1 Inicie la sesión en el sitio web del portal para padres:
<https://sis.clayton.k12.ga.us/campus/portal/clayton.jsp>

2 Ingrese su nombre de usuario y su contraseña:

**Si no tiene un nombre de usuario y contraseña, consulte las instrucciones para las personas que NO tienen una clave de activación del portal asignada.*

3 Seleccione Online Registration (inscripción en línea) en el lado izquierdo de la pantalla.

4 La pantalla Online Registration aparecerá mostrando a todos los estudiantes en el hogar. Seleccione **Begin Registration** (iniciar inscripción).

5 Confirme que usted es el usuario autorizado de la cuenta. Ingrese su nombre y, a continuación, firme (ambos pasos se deben completar para continuar). Haga clic en Submit (enviar).

6 Seleccione **Begin** (iniciar) para comenzar el proceso de inscripción en línea.

7 Compruebe que el teléfono del hogar es correcto y haga clic en Next (siguiente) para continuar.

8 Verifique la dirección de su domicilio. Si no es correcta, seleccione la casilla y escriba su nueva dirección o corrija la existente. **Tenga en cuenta:** Todos los campos con asterisco rojo (*) son obligatorios y no podrá continuar hasta que estén completos.

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The home address listed is no longer current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 →

9 Si usted tiene una dirección de correo diferente a su dirección física, esa información se puede ingresar aquí. Si no, seleccione The household has no separate Mailing Address y continúe.

10 La pantalla Parent/Guardian (padre/madre/tutor) muestra las personas enumeradas en Infinite Campus como padre, madre, o tutor del estudiante en el hogar. La **información resaltada en ROJO** indica que falta información obligatoria y que debe ser editada o revisada para continuar. Seleccione Edit/Review (editar o revisar) para completar la información. Una vez completada, aparecerá un  de color verde.

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

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 Seleccione Continue (continuar) para ingresar la información de contacto de esta persona (las preferencias de contacto se tomaron de los datos existentes en 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

12 Comience a editar o revisar el próximo padre, madre o tutor si corresponde.

13 Una vez que todos los contactos están completos, seleccione Save/Continue (guardar y continuar).

14 Si se necesita un contacto de emergencia, agréguelo aquí.


Emergency Contact

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

Add New Emergency Contact


La sección de inscripción de los estudiantes es muy similar a la sección Parent/Guardian (padre/madre/tutor). Las personas **resaltadas en amarillo** deben ser editadas o revisadas antes de avanzar en la solicitud.

- 15 Seleccione Edit/Review (editar o revisar) para comenzar con el primer estudiante.

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.

- 16 Revise todos los datos demográficos y haga las correcciones necesarias. Seleccione Yes (sí) para Summer Learning Program (Programa de aprendizaje de verano) y haga clic en 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 Gender: Male Current Enrollment Grade: 07 

Legal Middle Name: Mark Birth Date: 06/02/2004


Legal Last Name: Jones

Suffix: [dropdown]

Nickname: [text box]

Student Cell Number: () - [text box]

Student Email Address: [text box]

Is this student applying for the CCPS Summer Learning Program? **Yes** 

*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.

- 17 Seleccione su primera y segunda selección del programa y conteste las preguntas 1 a 3 sobre los intereses del niño. También tendrá que indicar si su hijo necesitará transporte. Seleccione Next (siguiente).

- 18 La siguiente pantalla muestra Race Ethnicity (raza/etnicidad) del niño como aparece en Infinite Campus. Esta información no se puede modificar en la inscripción al programa de aprendizaje de verano. Póngase en contacto con la escuela de su hijo para las modificaciones.

- 19 Indique la secuencia con la que le gustaría que lo contacten en caso de que sea necesario para el programa Summer Learning. En el ejemplo siguiente, aunque Stanley es el primero de la lista, se llamará a Susan en primer lugar porque su número de secuencia es 1. Haga clic en Next (siguiente).

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

- 20 Verifique que los parentescos sean correctos (si es pertinente) y haga clic en Next (siguiente).

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

- 21 Lea los Acuerdos de responsabilidades y seleccione Sí o No para cada uno. Ingrese su nombre para afirmar que la información es verdadera según su conocimiento. Haga clic en Save and Continue (guardar y continuar).

▼ 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 will be notified by email about the status of this application.

* I request special permission transportation will not be granted and/or allowed.

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: *

- 22 Regresará a la pantalla del estudiante. Seleccione Save/Continue (guardar y continuar) hasta llegar a la pantalla final para enviar su inscripción. Siga el mismo proceso para cada niño que desee inscribir.
- 23 Los cambios pueden hacerse antes de enviar la solicitud haciendo clic en cualquiera de los separadores de la parte superior de la pantalla.



No se podrán realizar cambios en línea una vez que la solicitud ha sido enviada.

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](#)