

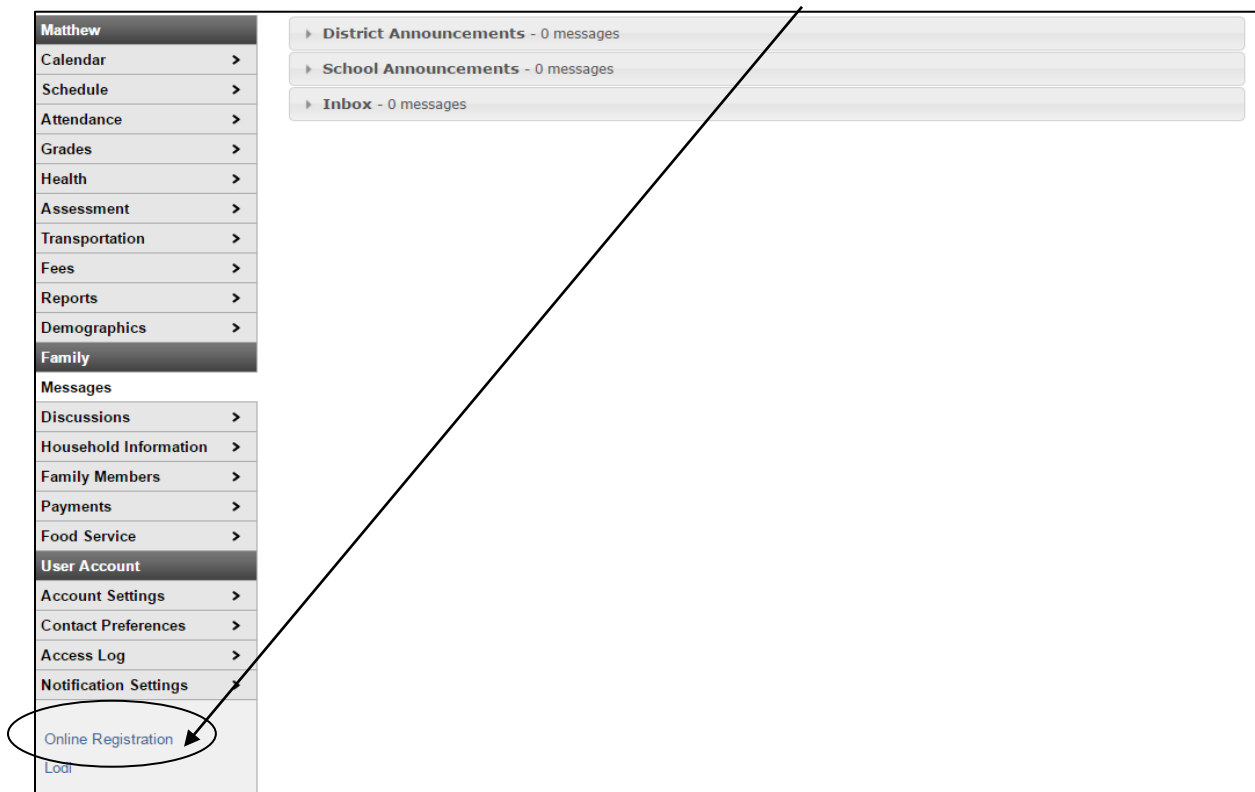
**2017-2018 Online Enrollment and Online Fee Payment is HERE!**

Dear Parents of Returning Students and 4K Incoming Students:

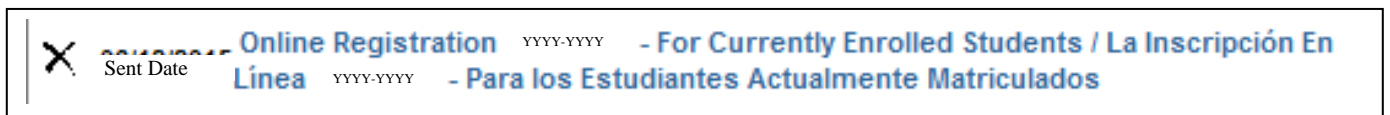
The School District of Lodi’s 2017-2018 Online Registration for returning students begins on May 8th, 2017. **All families of returning students and 4K incoming students** are required to re-register online and pay fees each year. Access to online registration is through the Infinite Campus Parent Portal. **Please contact, Kris Wendorf, by email [wendokr@lodischoolswi.org](mailto:wendokr@lodischoolswi.org) if you have any questions regarding the process of Online Registration.**

**NOTE:** In the case of split households, only the guardian in the “**primary**” household will be able to register students. This is to avoid duplicating students, and their information.

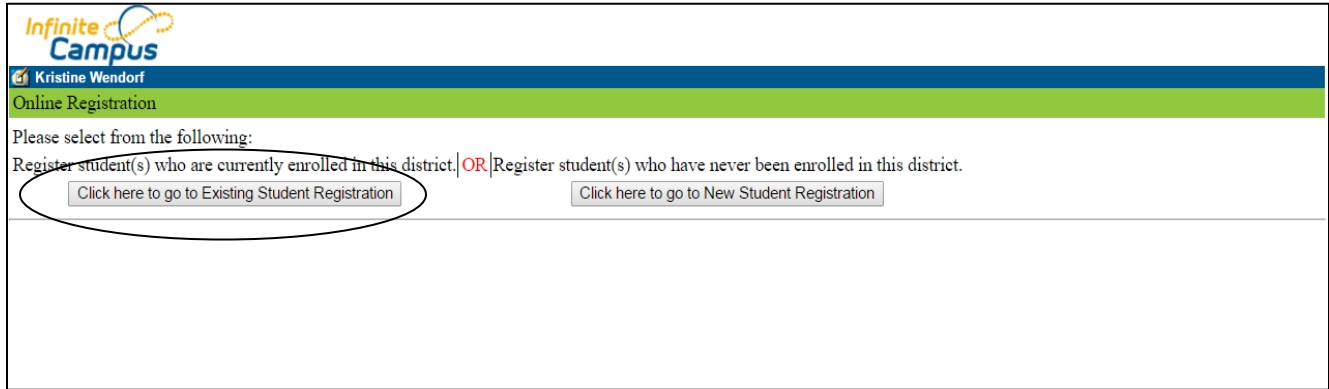
1. Log into the Infinite Campus Parent Portal. Locate the **Inbox** message area.



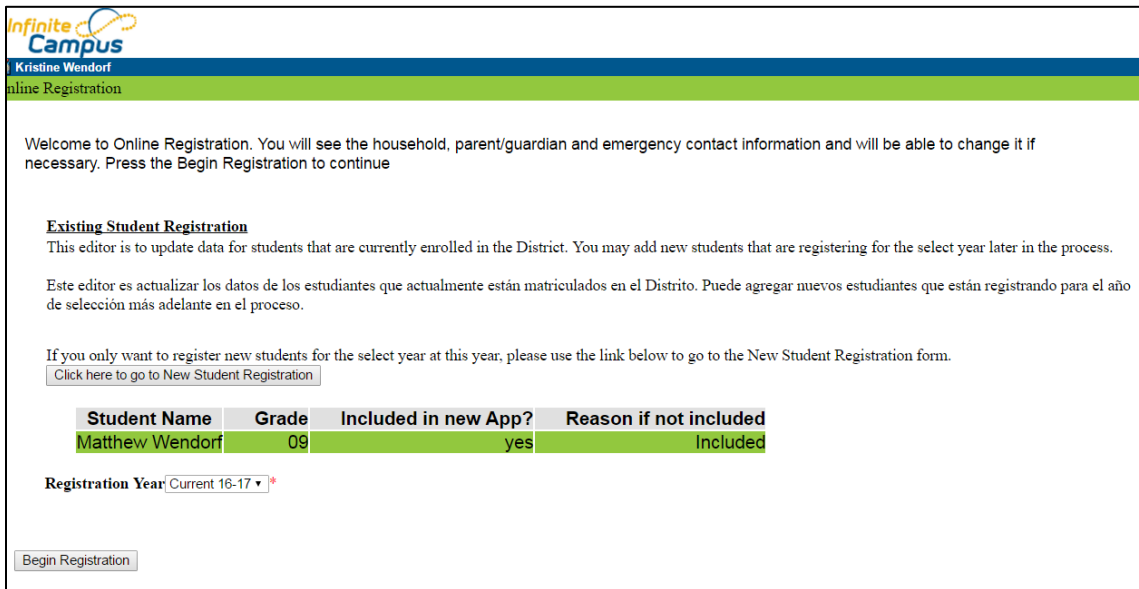
2. Click the **Online Registration** message link located in the Inbox message area in the Parent Portal.



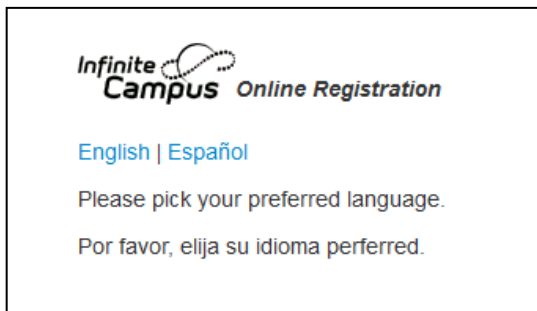
3. Click **Begin Registration**.



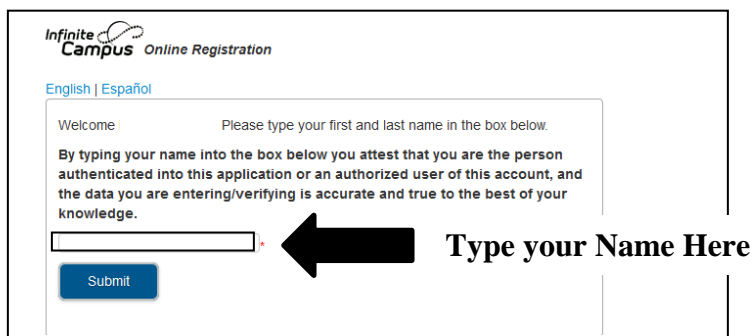
- The **Currently Enrolled Student Registration** welcome page will open. You will see a list of your students who are currently enrolled and you will need to choose the registration year in the drop down.



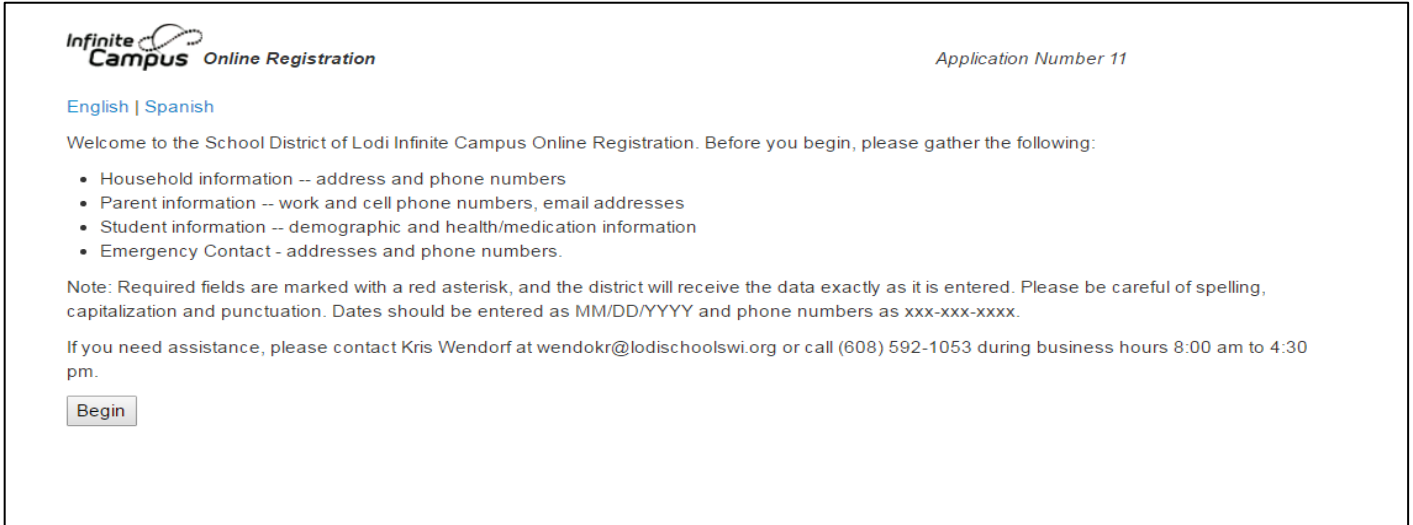
- You will be asked to select your preferred language to complete the application.



- The “Authentication” page will then appear. Please type your full name in to verify you are the Authorized person for the user account.



7. The **Welcome to The School District of Lodi’s Online Registration** screen will appear.



8. Click **Begin**. Information will upload into the online registration application based on the information listed in our student information system for your student(s). **THIS MAY TAKE A MINUTE OR TWO!** Check the spelling, capitalization and punctuation because the data is imported into our system as entered.
9. **Please read the directions in each topic area.** Review the uploaded information and make any necessary changes. Please make sure to update your student’s emergency contacts including their doctor, dentist and hospital preference in case there should be an emergency.



Once you have logged in you will navigate through each index tab to enter primary household, parent/guardian, emergency contacts, other household members and student information.

**When entering information in the application**

- **Please do not use all capital letters.**
- **Read the directions listed in each area**
- **Look for the required information – a RED asterisk \* indicates required information**

The student’s **“primary”** household information should be entered in this index area. **In the case where there is a split household, the household considered as the “secondary” household will be entered in the Parent/Guardian area.**

### Primary Household Home Phone

1. Review/Enter 10-digit primary home phone number. If you don't have a land line, enter the primary household cell phone number and select your contact preferences.
2. Click the "Next" button to move to the primary household **Home Address** pleat.

**Infinite Campus Online Registration** Application Number 572

\* Indicates a required field

▼ Household    Parent/Guardian    Emergency Contact    Other Household(non-enrolled children)    Student    Completed

▼ Home Phone

Home Phone  
( 612 ) 555 - 1212 \*

Contact Preferences						
Voice	Emergency	High Priority	Attendance	Behavior	General	Private
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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** - Marking this checkbox will use this method of contact for messages labeled as High Priority Notification.  
**Attendance** - Marking this checkbox will use this method of contact for attendance messages, such as those sent by the Attendance Dialer Wizard.  
**Behavior** - Marking this checkbox will use this method of contact for behavior messages, such as those sent by the Behavior Messenger Wizard.  
**General** - Marking this checkbox will use this method of contact for general school messages, such as those sent by the school or district.  
**Private** - Mark if number should be listed as private

### Primary Household Home Address

1. Your address as listed in the portal will appear first.
2. If you check the box home address listed is no longer current, please enter date address became inactive and continue to enter your new address. The address will appear in the box if the address already exists in our system.
3. Click "Next" to move to the **Mailing Address** pleat.

▼ Home Address

Your address as listed in the portal  
N2657 Columbia Road  
Lodi, WI 53555

The home address listed is no longer current

Please enter the date that the mailing address became inactive for this household.  \*

---

**\*Please verify or add the information below. Please update any information that is incorrect.**

Number <input type="text"/> *	Prefix <input type="text"/>	Street <input type="text"/> *	Tag <input type="text"/>	Direction <input type="text"/>	Apartment <input type="text"/>
City <input type="text"/> *	State <input type="text"/> *	Zip <input type="text"/> *	Ext. <input type="text"/>	County <input type="text"/>	

Click on your address if it appears in box:

Your address as entered above

## Primary Household Mailing Address

1. If the home address and mailing address is the same, mark “**The household has no separate Mailing Address**” check box. If there is a separate mailing address, enter the information in the address editor.
2. Click **Next** to move to the **Fee Waiver** pleat.

▼ Mailing Address

Please use the address editor below to enter your address. You will see the formatted postal address below in the view. Once your address appears as it should on U.S. Postal Mail, please click "Save".

The household has no separate Mailing Address

Post Office Box  Number Prefix Street Tag Direction Apartment

City State Zip Ext. County

Click on your address if it appears in box

## Fee Waiver

1. The district is required to waive certain fees for students considered “indigent” under state law. If your family qualifies for free or reduced price meals, you may give the district permission to use that information for a fee waiver.
2. Click Yes or No and also whether or not the District has permission to share the information provided in the fee waiver section for the purpose of waiving or reducing other student/family fees
3. A website link is provided to view more information on the School District of Lodi’s Fee Policy and Exhibit 656. You may also utilize a website link to go to the School District of Lodi’s Food Service pay to obtain a Free and Reduced application.
4. Click on **Next** to move to the **Athletic Pass** pleat

## Athletic Pass

1. An individual or family Athletic Pass can be purchased by downloading, printing and filling out the form below and returning to Moe Palmer by email at palmema@lodischoolswi.org, or by dropping off at the District Office at 115 School Street. Fees can be added and paid online. You may also drop off a check with your completed form to the District Office. Please contact Moe Palmer directly with questions regarding Athletic Passes at 608-592-1060.

If your student is in a co-curricular and has already paid their co-curricular participation fee, he/she will not need an athletic pass. Single passes are \$25.00 and family passes are \$75.00 (recommended for 3 or more people requiring a pass.) Click on **Save/Continue** to move to the Parent/Guardian tab.

▼ Athletic Pass

An individual or family Athletic Pass can be purchased by filling out the form below and returning to Moe Palmer by email at palmema@lodischoolswi.org, or by dropping off at the District Office at 115 School Street. Fees can be added and paid online. You may also drop off a check with your form. If your student is in a co-curricular and has already paid he/she will not need an athletic pass. Single \$25.00 Family \$75.00 (recommended for 3 or more people requiring pass)

[School District of Lodi 2017-18 Athletic Pass Request/Receipt](#)

← Previous

Save/Continue



Parents, guardians, step-parents and foster-parents of the student should be entered in this area. **If there is a split household, the “primary” parent should enter the information of the other parent including their phone numbers and address.**

### Parent/Guardian Demographics

1. REVIEW the following information for each parent, guardian, step-parent or foster-parent: **First Name, Middle Name, Last Name, Birth Date, and Gender**
2. If the person lives at the same address as the student, check the box indicating that. If the parent lives at a different address, uncheck the box and enter the correct address for this parent or if you do not know the parent/guardian’s address, please check the box, “will not provide an address for this parent”.
3. Click “Next” to move to **Contact Information** pleat.

▼ Demographics

Enter the parent/guardian. Please review and complete the following:

First Name  \*

Middle Name

Last Name  \*

Suffix

Birth Date  \*

Gender  \*

Please check this box if this person lives at the address listed below.

N2657 Columbia Road  
Lodi, WI 53555

I will not provide an address for this parent.

Number  \* Prefix  Street  \* Tag  Direction  Apartment

City  \* State  Zip  \* Ext.  County

Click on your address if it appears in box

Phone Number

### Parent/Guardian Contact Information

1. Enter the following information for each parent, guardian, step-parent or foster-parent: **Cell Phone, Work Phone and Email** (If parent has no email, mark the “Has no Email” checkbox.) Indicate your Message Contact Preferences.
2. Click on the Save/Continue to move to the **Emergency Contacts and Medical Providers** pleat

▼ Contact Information

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

Cell Phone

Work Phone

Email

OR  Has no e-mail

Secondary Email

	Emergency	High Priority	Attendance	Behavior	General Teacher Private
Voice	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
(SMS)Text	<input type="checkbox"/>	<input type="checkbox"/>	<input 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** - Marking this checkbox will use this method of contact for messages labeled as High Priority Notification.

**Attendance** - Marking this checkbox will use this method of contact for attendance messages, such as those sent by the Attendance Dialer Wizard.

**Behavior** - Marking this checkbox will use this method of contact for behavior messages, such as those sent by the Behavior Messenger Wizard.

**Emergency Contacts & Medical Providers**

- Emergency contacts and medical providers are listed in this area.
- Enter individuals who are not parents and can act as an **emergency contact when a parent cannot be reached**. The emergency contacts entered in this area, **non-medical**, are authorized by you for the School District of Lodi to release your student following an emergency requiring the dismissal of school. All Emergency Contacts will be asked to show a valid form of picture identification and provide a signature before the School District of Lodi will release your child (student) to them.
- Medical providers (doctor, hospital and dentist) are also listed in this area.

**Emergency Contact & Medical Provider Demographics**

1. Click the **“Add New Emergency Contact”** button to begin
2. Review/Delete/Enter the following information for an emergency contact:  
**Non-Medical Contact:** First Name, Last Name, Gender (ex; Steven Thunder M or Sally Thunder F) **Doctor or Dentist:** First Name = First Name, Middle Name is “Doctor” or “Dentist” Last Name, Gender (ex: Jeffrey **Doctor** Bonebreak M), Joel **Dentist** Crane, M).  
**Name of Hospital:** First Name = UW American Family Children’s, Last Name = Hospital, Gender = M (ex: UW American Family Children’s Hospital, M or Meriter Hospital, M or St Marys Hospital, M)
3. Click **“Next”** to move to the **Contact Information** pleat

**Emergency Contact & Medical Provider Contact Information**

1. Enter the following information for an emergency contact: home, cell and work phone numbers.
2. Enter the following for medical providers, work phone number **ONLY**.
3. Click **“Next”** to move to the **Other Household** pleat



Other household members should include children who are living in the same household as the student you are enrolling and **should not be or are too young to currently be enrolled**. If you are not adding any “Other Household” members, you may click on the “**Save/Continue**” button and then click on the **Student** index tab.

### Other Household Members Demographics

1. Click the “**Add New Household Member**” button to begin.
2. Enter the following information for children living in the household who are not already enrolled: **First Name, Middle Name, Last Name, Birth Date and Gender**. Please include the birth date because this information is used for the School District of Lodi census count.
3. Click “**Add New Household Member**” or “**Save/Continue**” to move to the **Student** pleat after you have entered all of the information.

A screenshot of a web form titled "Demographics". The form contains the following fields: "First Name" with the value "Baby", "Middle Name" (empty), "Last Name" with the value "Miller", "Suffix" (dropdown menu), "Birth Date" (calendar icon), and "Gender" with the value "Male". Below the form are three buttons: "Add New Household Member", "Back", and "Save/Continue".

Review existing student information for **EACH** student! Any student who will be enrolled in the school year you selected when you started the online registration needs to be included/added in this area.

### Student Demographics

1. Click on the existing student listed or click the “**Add New Student**” button to begin
2. Review the following information about the student you are enrolling: **Legal First Name, Middle Name, Legal Last Name, Suffix, Nickname**
3. Review/Edit/Enter Student **Cell Number**, if applicable
4. Review the student's **Gender** from the dropdown list
5. Review the student's **Birth Date**
6. Review/Edit/Enter the student's expected **Enrollment Grade**
7. Check box **Born inside U.S. or Outside U.S.**
8. Enter **Birth City, Birth County, Birth State and Birth Country**
9. Click the “**Next**” button to move to the **Race Ethnicity** pleat



**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 \*

Legal Middle Name \*    Birth Date \*     Born Inside U.S.

Legal Last Name \*     Born Outside U.S.

Suffix \*    Birth City \*

Nickname \*    Birth County \*

Student Cell Number (  )  -     Birth State \*

Birth Country \*

Next ▶

### Student Race Ethnicity

This information is required by Federal reporting requirements. Review information and mark the following checkboxes related to the student's race/ethnicity.

1. Is the student Hispanic or Latino?
2. Mark all of the following that apply to the student's race ethnicity. If you marked **yes to Hispanic or Latino**, you **MUST** also choose one of the following: (American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, White)
3. Click "**Next**" to move to the **Housing** pleat

▼ Race Ethnicity

Is Hispanic/Latino \*

\*Please check all that apply. If not Hispanic, at least one is required.

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

White

### Student Housing

This is information about the student(s)/family home situation.

1. Mark either Yes or No for the student's homeless status. If you selected yes, check the options that best represents the student's current housing situation.

**▼ Housing**

Yes, this student is homeless  
 No, this student is not homeless

*\*If yes, please select the option that best represents the student's current housing situation.*

Shared Housing  
 Motel, hotel, trailer park, or camp ground due to lack of alternative accommodation  
 In emergency or transitional shelter  
 Awaiting foster care placement  
 Primary nighttime residence is not ordinarily used as a regular sleeping accommodation  
 Living in car, park, public space, abandoned building, substandard housing, bus or train station

### Student Language Information

This information helps us determine if the student may need additional guidance and/or services in an English Language Program.

1. Use the pull down to answer each of the home language statements for this student.
2. If you choose YES, you have received ELL services please download and complete form and either email to [wendokr@lodischoolswi.org](mailto:wendokr@lodischoolswi.org), take to your student(s) school office or mail to the District Office at 115 School Street, Lodi WI 53555
3. Click “**Next**” to move to the **Relationships – Parent/Guardian** pleat.

**▼ Language Information**

Please enter the basic language information for your student below.

Student Language  \*  
 Parent/Guardian Language  \*

### Student Relationships – Parent/Guardian

1. Select the **Relationship** between the parent/guardian and the student from the dropdown list.
2. Select the **Contact Preferences** for each of the parent(s)/guardian(s) listed. A description of each type is provided.
3. Select a **Contact Sequence** number. (1&2-Father/Mother, 3&4-Step/Foster Parents)
4. Click “**Next**” to move to the **Relationships – Emergency Contacts** pleat

▼ Relationships - Parent/Guardians

At least one person must be marked as 'Guardian'. Select the relationship of the Parent/Guardian to the Student.\*

Name	Relationship*	Guardian	Mailing	Portal	Messenger	Secondary Household	Contact Sequence*	OR	No Relationship
Kristine Wendorf	Mother	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		1		<input type="checkbox"/>
Rick Wendorf	Father	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		2		<input type="checkbox"/>

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 Relationships – Emergency Contacts

1. Select the **Relationship** between the emergency contact and the student from the dropdown list. Hospitals and Clinics are should be listed as “Emergency Contacts”, Doctors as Doctor and Dentist as
2. Select a **Contact Sequence** number. (1&2-Father/Mother, 3&4-Step/Foster Parents)
3. Click “Next” to move to the **Health Services – Health Conditions** pleat

▼ Relationships - Emergency Contacts

A minimum of (1) Emergency Contacts are required.

**You will need to enter all emergency contacts one time. If you have subsequent students to register, the emergency contacts will already be present here.\***

Name	Relationship*	Contact Sequence*	OR	No Relationship
Benjamin Ibinger	Sibling	3		<input type="checkbox"/>
Pat McCoy	Grandparent	4		<input type="checkbox"/>
Kim McCoy	Emergency Contact	5		<input type="checkbox"/>

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.

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## Student Relationships – Other Household Members (IF there are any....)

1. Select the **Relationship** between the other household member listed and the student from the dropdown list.
2. Click “Next” to move to the **Health Services – Health Conditions** pleat.

▼ Relationships - Other Household Members

Please enter the family relationship between the other household member(s) listed below and the student you are enrolling.

Name	Relationship*	If "Other" is selected, please describe relationship to the student:	OR	No Relationship
John Tester	*Sibling	<input type="text"/>		<input type="checkbox"/>

Description of Contact Preferences

**No Relationship** - Indicates this person no longer shares a family relationship to this student. The family relationship for this person will be ended.

### Student Health Services –Medical or Mental Health Conditions

1. Check the box if this student doesn't have a medical or mental health condition.
2. Click the “**Add Condition**” button if the student has a medical or mental health condition. Add the type of condition and a comment or instructions for the condition.
3. Click “**Next**” to move to the **Health Services – Medications & Immunizations** pleat.

▼ Health Services - Health Conditions

No medical or mental health conditions

OR

Add Condition

The District's School Nurse may contact you for additional information regarding health conditions, concerns or medications you entered in this application

### Student Health Services – Medications

1. Check the box if this student isn't taking medication.
2. Click the “**Add Medication**” button if the student is currently taking a medication. Enter; Name of Medication, Where is it Taken, Medication Type (Daily, Emergency, As Needed), Comments and instructions for the medication. If the medication is no longer taken or has changed, please click on “**Remove Medication.**” Please download the medication form, complete and obtain Doctor's signature for EACH medication your student it taking, if taken during the school day. The completed form signed by the Doctor and the medication in the **original container** may be brought to your student's specific school office.
3. Click “**Next**” to move to the **Informed Consent Agreement** pleat.

▼ Health Services - Medications

Medications are to be administered at home whenever possible. If it is necessary for a student to receive medications at school, all appropriate portions of this form **MUST** be completed before medication can be given at school. A physician's signature is required as is one form for EACH medication. New forms must be submitted annually.

No medications

OR

Add Medication

The District's School Nurse may contact you for additional information regarding health conditions, concerns or medications you entered in this application

[To download the form for your student to take medication at school, click here.](#)

◀ Previous   Next ▶

## Student Informed Consent

Read this document carefully and check the appropriate boxes.

1. The first section addresses the District's Parent-Student Handbook. Downloads are available. **We highly recommend that you download and print any documents that pertain to you and your student(s) at the time of online enrollment for your reference throughout the 2017-2018 school year!** The documents can also be found on our school district website at <http://www.lodi.k12.wi.us/district/studentenrollment.cfm>
2. The information in the next several sections of this document determine what information can be released about the student and gives the student permission to utilize the District's Internet and participate in video productions or have photos taken and publicized.
3. The next section asks how you would like to obtain your child's progress report, report card, or transcript.

▼ Informed Consent

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### Parent-Student Handbook

Parent Student Handbook The Parent-Student Handbook outlines district policy and procedures for attendance, discipline, transportation, district computers and other school-related issues. I have received and reviewed the Parent-Student Handbook, my student will have access to the district programs and services indicated within which otherwise could be denied.\*

\* The District requires you and your students to read the Parent-Student Handbook provided in the Individual School Parent/Student Handbooks section at the bottom portion of the link below. By checking the box, you acknowledge that you and your student have reviewed the Parent-Student Handbook.

\* I DO understand the contents of the Parent-Student Handbook.

[To download the Primary School Handbook, click here.](#)

[To download the OSC Handbook, click here.](#)

[To download the Lodi Elementary School Handbook, click here.](#)

[To download the Lodi Middle School Handbook, click here.](#)

[To download the Lodi High School Handbook, click here.](#)

### Internet Account Agreement

I DO give permission for my child to use the Internet and my child has read the district's Appropriate Use of Technology policy and procedures. He/she agrees to follow the rules contained in this policy. He/she understands that if he/she violates the rules, account can be terminated and he/she may face other disciplinary measures.

I DO NOT give permission for my child to use the Internet.

\* I have read the district's Appropriate Use of Technology policy and related procedures. I hereby release the district, its personnel and any institutions with which it is affiliated, from any and all claims and damages of any nature rising from my child's use of, or inability to use the district system, including, but not limited to claims that may arise from the unauthorized use of the system to purchase products or services, or exposure to potentially harmful or inappropriate material or people. I understand that I can be held liable for damages caused by my child's intentional misuse of the system. I will instruct my child regarding any restrictions against accessing material that are in addition to the restrictions set forth in the district policy. I will emphasize to my child the importance of following the rules for personal safety.

### Video Productions

Parental consent is required for students to participate in school authorized video productions, which may be shown to the public or via the Internet (i.e. sport events, music, holiday programs and kindergarten programs.)\*

I DO give permission for the above named student to participate in video productions.

I DO NOT give permission for the above named student to participate in video productions.

### I would like a copy of my child's progress report, report card, transcript:\*

Yes - I would like a copy of my child's progress report, report card, transcript mailed home.

No - I do not need a mailed copy of progress report, report card or transcript I will view on Infinite Campus online.

\_ASQ.pdf ^

4. **THE NEXT THREE SECTIONS APPLY TO GRADES 6-12 ONLY! STUDENTS IN GRADES PK THROUGH GRADE 5 WILL ANSWER ALL QUESTIONS “I DO NOT”!!!**

- There are four separate sections that address our Chromebook agreement, protective case, protection plan, **OR** a combination of both case and protection for **grades 6-12**. Please answer each section appropriately.

The final section is for permission **Military Recruiters (Grades 9-12 ONLY - All other grades, please check box "I DO NOT")**

5. The School District of Lodi requires an electronic signature. This can be accomplished by either using your mouse or if you have a touch screen, your finger or other writing device.
6. Click “Next” to move to the **Transportation** pleat.

CHROMEBOOK 1:1 USER AGREEMENT

**(Grades 6-12 ONLY - All other grades, please check box "I DO NOT"):** The School District of Lodi 1:1 Chromebook Program Handbook outlines district policy and procedures for Chromebook care and use. I have received and reviewed the 1:1 Chromebook Program Handbook with my child and we understand the requirements of the 1:1 Chromebook Program. I understand and agree that by giving permission for my child to receive a school issued Chromebook, I am also agreeing to be liable for all costs for replacement or repair of the Chromebook, including damage, loss or theft of the Chromebook.\*

I DO give permission for my child to receive a school issued Chromebook for use both at school and at home. He/she agrees to follow the policies and procedures outlined in the 1:1 Chromebook Program Handbook. He/she understands that he/she is responsible for charging the Chromebook each day. I agree to pay the cost of any repair or replacement of the Chromebook if it is damaged, lost or stolen.

I DO NOT give permission for my child to take a school issued Chromebook home. I understand that my student will be allowed to use a Chromebook at school during the school day and is responsible for completing all coursework assigned electronically. I agree to pay the cost of any repair or replacement of a Chromebook if it is damaged, lost or stolen while my child is using it.

OPTIONAL PROTECTIVE CHROMEBOOK CASE

**(Grades 6-12 ONLY - All other grades, please check box "I DO NOT")** All students who are issued a Chromebook for use both at school and at home are encouraged to have a protective case on their Chromebook at all times. The School District of Lodi will have quality cases available at registration and throughout the school year for \$20 as long as supplies last. The use of a protective case is optional, but highly recommended.\*

I DO want to purchase a School District of Lodi Chromebook case for \$20.

I DO NOT want to purchase a School District of Lodi Chromebook case for \$20.

OPTIONAL CHROMEBOOK PROTECTION

**(Grades 6-12 ONLY - All other grades, please check box "I DO NOT"):** The School District of Lodi will offer an optional Chromebook Protection plan for \$20 per year, which will be collected from participating families at registration. The Chromebook Protection plan covers all accidental damage to a Chromebook. Any loss or repairs not covered by a Chromebook Protection Plan will remain your responsibility. Repairs range from \$10-\$200.\*

I DO want to purchase optional Chromebook Protection for \$20 per year. This policy covers all accidental damage to the Chromebook.

I DO NOT want to purchase optional Chromebook Protection. I understand that I am responsible for all Chromebook damages and repairs up to a \$200 replacement cost.

PACKAGE DISCOUNT CHROMEBOOK CASE AND CHROMEBOOK PROTECTION

**(Grades 6-12 ONLY - All other grades, please check box "I DO NOT")** The School District of Lodi will offer a \$5 discount if both a protective Chromebook Case and the Chromebook Protection plan are purchased together.\*

I DO want to purchase a Chromebook Case and Chromebook Protection for \$35

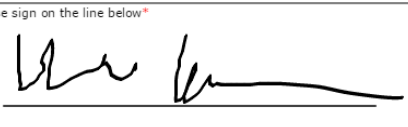
I DO NOT want to purchase a Chromebook Case and Chromebook Protection package.

**Military Recruiters (Grades 9-12 ONLY - All other grades, please check box "I DO NOT):**The Family Education Rights and Privacy Act (FERPA), a Federal Law, requires school districts to comply with requests of military recruiters or institutions of higher education for secondary students' names, addresses and telephone numbers. Publishable unless noted in writing by Parent/Legal Guardian within fourteen (14) days of registration.\*

I DO give permission for the above named student's information to be released to military recruiters.

I DO NOT give permission for the above named student's information to be released to military recruiters

Please sign on the line below\*



Clear

## Student - Transportation

1. **ALL** new families will need to complete a transportation form. A **Transportation Form** is available for download. One form per student please.
2. Changes to transportation information must be completed by filing out the Transportation Form and either emailed or faxed to [jessica.schwartz@kobussen.com](mailto:jessica.schwartz@kobussen.com). or by fax 608-592-0552. Request for changes to bus service after the beginning of the school year will be evaluated by Kobussen. Families will receive an email confirmation stating to check Infinite Campus Parent Portal for transportation assignment. If there are any further questions, please contact Kobussen at 608-592-0551 or by email at [jessica.schwartz@kobussen.com](mailto:jessica.schwartz@kobussen.com)
3. School-age drivers at the Lodi High School must complete the following form. Please print and complete the Parking Permit form and turn in to the Lodi High School office. Fee payment may be made online or in the office.

Transportation

Who is required to fill out the Transportation Form? -NEW STUDENT/family to the District. -ALTERNATE LOCATION: This form needs to fill out annually and examples of an alternate location would include daycare, placement with other parent, grandparents' location and etc. -SHUTTLE- If a student(s) will utilize this service; it is required to fill out the form as space is limited. Families do not need to register a student using the shuttle for sports to the elementary school. -ADDRESS CHANGE: If the families address has changed since August 2016 and did not notify Kobussen a form will be required in order to accurately route students -NO TRANSPORT- If the family is eligible for bus service but the student(s) will not require pick up and/or drop off.  
[To download the Transportation form, click here.](#)

Changes to transportation information must be completed by filing out the Transportation Information form and mailed to [jessica.schwartz@kobussen.com](mailto:jessica.schwartz@kobussen.com). Request for changes to bus service after the beginning of the school year will be evaluated and once completed families will receive an email confirmation stating to check Infinite Campus for transportation assignment. If there are any further questions, please contact Kobussen at 608-592-0551

**PARKING - Lodi High School**

School-age drivers at the Lodi High School must complete the following form and pay their Parking Permit Fee  
[To download the Parking Permit form for your student, click here.](#)

← Previous

Delete Cancel Save/Continue

## Student - Online Registration Application

1. Click on **“Add New Student”** if you wish to enroll another student or click **“Save/Continue”** to move to the completed index tab where we recommend you review and then submit the application.

Student

First Name	Last Name	Gender	Completed	
Elizabeth	Wendorf	F	✓	<a href="#">Edit/Review</a>

Please include all students that need to be enrolled.

**Yellow** - Indicates that person is missing required information. Select the highlighted row to continue.

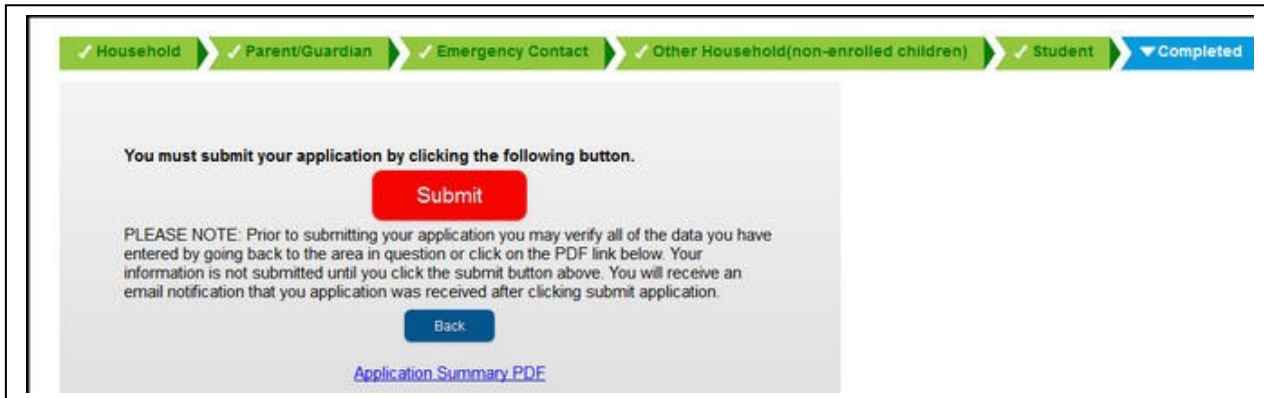
✓ - Indicates that person is completed.

[Add New Student](#)

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

## Submit and Complete Online Registration Application

1. Click on **Application Summary PDF**. A PDF summary of the application will open. Review the information you entered to verify the information was entered correctly.
2. After verifying the information, click **“Submit”** to submit the application. **Once you have submitted the application you may no longer modify the information you entered in the Online Registration application.**
3. When the District Registrar reviews the application, you will receive an email confirmation indicating the online registration application was receive and the status of the application.



The screenshot shows a progress bar at the top with six steps: Household, Parent/Guardian, Emergency Contact, Other Household(non-enrolled children), Student, and Completed. The 'Completed' step is highlighted in blue. Below the progress bar, a message reads: "You must submit your application by clicking the following button." A red "Submit" button is centered. Below the button, a "PLEASE NOTE" section explains that information is not submitted until the submit button is clicked and that an email notification will be received. A blue "Back" button is located below the note. At the bottom, there is a blue link for "Application Summary PDF".

**Thank you for completing the Online Registration for the 2017-2018 upcoming school year!**