

JOHN TARTAN ELEMENTARY SCHOOL
REGISTRATION FOR K – 5TH GRADE BEGINS APRIL 17, 2017

THROUGH YOUR INFINITE CAMPUS PARENT PORTAL

Campus.ccsd.net/campus/portal

STEP 1 *Completed Online Registration: Yes or No _____ (Initials)

*Online Registration Confirmation # _____ / _____ (Initials)

*One current Proof Address Attached: _____ (Initial)

STEP 2 2017-2018 Class Placements will NOT be sent home if your child is not registered online-this form must be turned in with the listed information to the school office in order to complete the enrollment process.

NV Energy Water District SW Gas Mortgage Lease Home Closing Documents

Must be in zone/Utilities must indicate SERVICE ADDRESS

My Student is NOT returning to Tartan Elementary School

LAST NAME, FIRST NAME OF CHILD (PRINT)

2017 – 2018 GRADE

Student Name: _____

Grade _____

Parent or Guardian Name: _____ Signature: _____

_____ IMPORTANT REMINDER _____

STEP 3 Student placement sent home.

OFFICE USE ONLY: ALL STUDENTS:

Proof of address Blue Health Form Residential Affidavit plus Title 1 Hope Form

Enrollment Processed Class Scheduled Birth Certificate Shot Records Parent ID

2017-2018 REGISTRATION INFORMATION

REGISTRATION BEGAN APRIL 17, 2017

The following must be completed by EACH family for students who plan on attending ANY CCSD school. (One registration per family) Step 6 is to complete Tartan Enrollment.

1. Parents with children already attending a CCSD school **MUST** register through their Infinite Campus Parent Portal using a laptop or desktop. (Add any Kinder students)

If you have never had access to your Infinite Campus Parent Portal Account
Contact Tartan Elementary Office (702) 799-4701 or visit the
office IN PERSON during office hours. If you forgot your user ID or password,
please contact the portal liaison at your current school.

New families **ONLY** will register using the following link at Register.ccsd.net using a laptop or desktop.
New Families to District Registration

Please select that the child was a Previous student IF your child has attended CCSD at any time in the Past.

2. In the case of split households, the address of the parent living in our school zone will be the PRIMARY ADDRESS. (If the student resides here at least 50% of the time).
3. Use Proper Case and given Names (Not ALL CAPS or all lower case)
4. List the name of your prior school (even if you didn't finish the year there).
5. If your ZONED school based on your address, is Tartan Elementary: Follow the directions below If you are zoned for a different school, regardless of what Infinite Campus says, you must enroll at your zoned school unless you submit and are approved for a Zone Variance.
6. **NEW STUDENTS:** Submit the following to the office to enroll at Tartan Elementary between the hours of 9:00am and 2:30pm
 - Copy of you SUBMITTED Online Registration
 - Original Birth Certificate
 - Complete immunization Record
 - A copy of your ID
 - A current utility bill (water, power or gas bill ONLY) Lease agreement hold 30 days. IF utility bills are not in your name, you must submit a Residential Affidavit, utility bill and ID of the homeowner. All Res Affs. Will be checked by Attendance Officers and not accepted until verified.
 - Prior school report card, custody agreements and IEP/504 Documents (if applicable)
 - Supplemental Health Card (CCF-786)

7. **Teacher requests are not accepted.** Please know that administration and teachers work diligently to balance classes based on gender, academic ability and behavior needs.

Important Information:

9:00am-2:30pm Registration accepted daily

You must use a laptop or desktop for ONLINE registration

Computer is located in the school office

Please visit your current school to obtain your Infinite Campus Parent Portal ID if your child is currently enrolled in a CCSD school. All currently registered CCSD students must be registered through their Parent/Guardian Parent Portal account. Please notify your current school that you will not be returning for 2017-2018.

There will be ONE REGISTRATION per family, make sure to include ALL CCSD students under your single registration.

We request that ALL students receive permission to utilize the school computers. Please contact the office if you have questions regarding the media release section. You will have the opportunity to exclude your child from the yearbook and newsletters while completing these sections.

Clark County School District Student Health Information for School Year _____

Parent/Guardian to complete: _____

Student Last Name: _____ First Name: _____ ID #: _____

Date of Birth: _____ Male Female Grade: _____ Track: _____

Parent/Guardian (Print Name): _____ Parent/Guardian Signature (required): _____ Date: _____

Students may have vision, hearing or spinal (alignment of back) screening performed, based on state mandates (NRS 392.420). Please notify your school nurse in writing if you do not want your child to participate in any of these screenings. This screening exemption will remain active unless revoked in writing.

Health information will be provided to appropriate school staff members as necessary to facilitate a safe, supportive environment. Please notify the health office of any changes in your child's health.

My child has a medical, mental health, or behavioral condition that may affect his/her school day: NO (Z) YES

My child has been diagnosed by a licensed health care provider with the following health condition(s): (Codes in parenthesis are for clerical purposes only.)

- ADHD (J) ADD (I)
- Allergy to Medication _____
- Asthma (A)
- Autism (N)
- Blood Disorder (B)
- Chemical Sensitivities (Q) _____
- Diabetes (D) Insulin Dependent Non-Insulin Dependent
- Digestive/Urinary (UU) _____
- Endocrine (U) Thyroid Disorder (U) Adrenal Insufficiency (U)
- Food Allergy (C) _____ Symptoms _____
- Genetic Disorder (F) _____
- Glasses/Contacts (G) Blind/Visual Impairment (V) _____
- Hearing Loss (R) Right Left Right Left
- Heart Condition (T) _____
- Life-Threatening Allergy (P) _____
- Mental Health Disorder (Y) _____
- Neurological (N) Cerebral Palsy Muscular Dystrophy Shunt Spina Bifida
- Seizures (E) Type: _____ Last seizure: _____
- Other: _____

My child requires one or more of the following medical devices or procedures while at school. **Current licensed health care provider orders are required:**

- Catheterization (UU)
- Diabetic Care (D) Blood Sugar/Ketone Testing
- Emergency Medications (PP)
- Epinephrine Auto-Injector (PP)
- Gastrostomy Button/Tube (GT)
- Heart Defibrillator or Pacemaker (TT)
- Inhaler (PP)
- Insulin Pen/Pump/Syringe (D)
- Nebulizer (A)
- Tracheostomy (AA)
- Vagus Nerve Stimulator (E)
- Other: _____

List all medications names, INCLUDING those given at home: _____

Is your child **MEDICALLY** restricted from participating in PE/Recess? No Yes If yes, provide completed **medical** documentation yearly.