



Infinite Campus

Online Registration


Via Login Link

for

NEW HCS Students

(without siblings already enrolled in HCS schools)

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ONLINE REGISTRATION

Welcome to HCS online registration. This is the first step of registering your child for school. We are excited to welcome your family to our district. The online registration system is designed to increase the accuracy of our data and allow parents to complete several required forms that are updated yearly.

ACCESSING ONLINE REGISTRATION

Parents and guardians of **NEW** HCS students (students who did not end the previous school year in a Hopkins County school) should follow the steps below to complete the OLR process.

1. Navigate to the district website (www.hopkins.kyschools.us).
2. Click on Departments, Pupil Personnel, Registration/Enrollment.
3. Click on New Student Registration.
4. Click on New Students without Portal Accounts
5. Ensure your web browser *pop up blocker* is off.
6. Complete the Online Registration Login Form and Click **Begin Registration**.



The screenshot shows the 'Infinite Campus Online Registration' form. The form is titled 'Please complete the information below to BEGIN the registration process.' and contains several input fields. The fields are: 'Parent/Guardian First Name', 'Parent/Guardian Last Name', 'Registration Year' (set to 2020/2021), 'Parent/Guardian Email Address', and 'Verify Email Address'. Each of these fields has a red asterisk (*) next to it, indicating they are required. Below these fields is a checkbox labeled 'Please check this box if any student being entered has attended a school in this district in the past.' and a reCAPTCHA challenge. At the bottom of the form is a blue button labeled 'Begin Registration'.

7. Check your email for the Login Link and then follow all the prompts to complete registration.
8. All information with a **red asterisk (*)** is required. Be sure to click on each section of the application. At the end, you will have the option to print your application form.
9. To finish, click **Submit** and you are done.

NAVIGATING THE APPLICATION

The tips listed below will be helpful in navigating the application.

- Each tab and pleat must be complete before moving to the next tab or pleat. Once a tab or pleat has been completed (required fields completed) you can move freely between tabs and pleats.
- Once you begin a tab, you must enter all required fields in that tab before saving.
- Required fields have a **red asterisk***.
- Move forward and backward through the pleats by using the Next and Previous buttons.
- Links are provided on some pleats. Click the links to get more information.

TAB →

PLEAT →

Student(s) Primary Household | **Parent/Guardian** | Emergency Contact | Other Family Members | Student | Completed

Parent/Guardian Name: Kristine Bubble

Demographics

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 General Teacher Private

Cell Phone: () - -

Work Phone: () - - x

Email: *shawgl@nv.ccsd.net

OR

Has no e-mail:

Secondary Email: _____

← Previous Next →

Migrant Worker

Impact Aid

Save/Continue Cancel Delete

STARTING THE DATA VERIFICATION PROCESS

1. Write down your application number. This will allow school staff to better assist you if needed and will allow you to save and return to the application if you do not complete it at this time.

The screenshot shows the 'Infinite Campus Online Registration' header. On the right, a red-bordered box contains the text 'Application Number 84113'. Below the header, there are two language options: 'English | Español', with 'English' highlighted in a red-bordered box. Below the language options, there are two lines of text: 'Please select your preferred language.' and 'Por favor seleccione su idioma preferido.'

2. A welcome box will appear with instructions. Click **Begin**.



English | Español

Welcome to the Infinite Campus Online Registration. Before you begin, please gather the following:

- Household information -- address and phone numbers
- Parent information -- work and cell phone numbers, email addresses
- Student information -- demographic and health/medication information
- Emergency Contact - addresses and phone numbers.

Note: Required fields are marked with a red asterisk, and the district will receive the data exactly as it is entered. Please be careful of spelling, capitalization and punctuation. Dates should be entered as MM/DD/YYYY and phone numbers as xxx-xxx-xxxx.

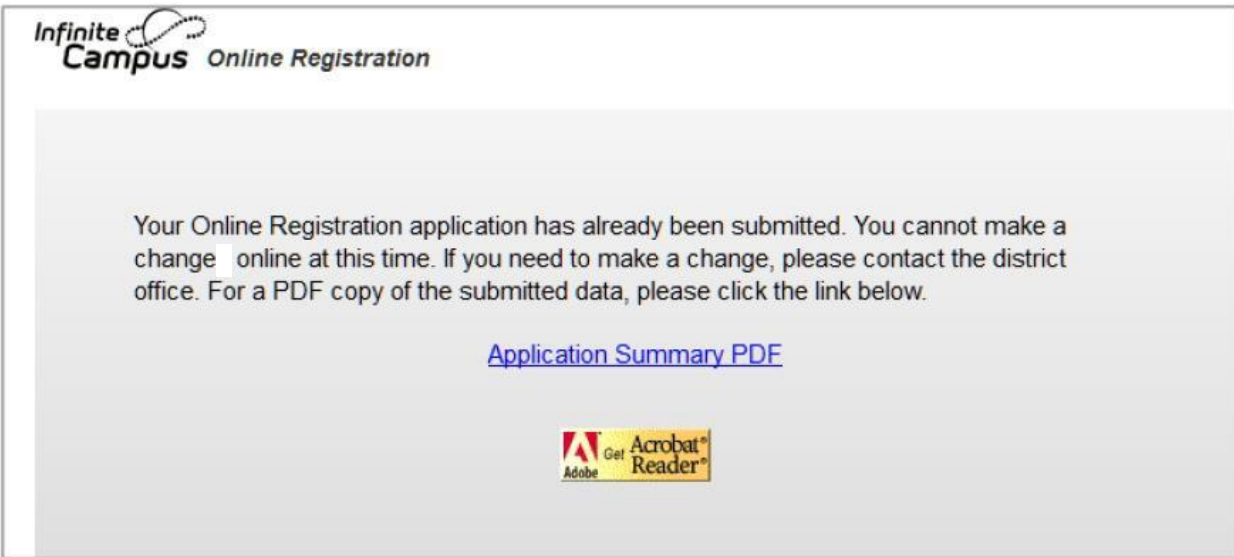
If you need assistance, please call (270) 762-7300 during business hours or leave a message and a representative will be back in touch with you the next business day.

Begin

3. A validation box will appear. You must attest you are the person completing this application by **typing your full name (first and last) in the box**. Click **Submit**.

The screenshot shows the 'Infinite Campus Online Registration' header. Below it, there are two language options: 'English | Español', with 'English' highlighted in red. The main content area contains a welcome message: 'Welcome Kristine Bubble! Please type in your first and last name in the box below.' Below this is a paragraph of text: '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.' At the bottom, there is a text input field with a red border and a blue 'Submit' button below it.

NOTE: If you see the following message, your application has been submitted. Contact your child's school for more help/information.



STUDENT(S) PRIMARY HOUSEHOLD TAB

The home address, entered as your child's primary household, MUST match the proof of address provided to the school site.

PRIMARY PHONE PLEAT

1. Enter the Primary Phone Number. *This phone may be a land line or a mobile number.*
2. Click **Next**.

The screenshot shows a form field titled 'Primary Phone' with a dropdown arrow. Below the title, the phone number '(111) 111 - 1111' is entered in a masked format. A red asterisk is visible to the right of the number. Below the input field is a 'Next >' button, which is highlighted with a red rectangular box.

HOME ADDRESS PLEAT

As a new household, please enter your address in the field. If your address does not appear as a choice in the drop-down menu, contact the school in your attendance zone to notify them. You will be required to provide proof of residency before you can complete and submit your application. Two proofs of the new address must be presented to your child's school, emailed to the attendance email, or uploaded into OLR.

3. If the address is correct, click **Next**.

▼ Home Address

Your address as listed in the portal

The home address listed is no longer current

5. Complete all required fields.

▼ Home Address

Your address as listed in the portal

1808 PALMER RD
MURRAY, KY 4207

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. Please do not enter the entire address into the street name field.
Example: If you live at 1234 East Sesame Street, 1234 should be entered into the Street Number field, E should be entered into the first N,S,E,W field, Sesame should be entered into the Street Name Only field, and St should be entered in the St,Ave,Bldv,etc. field.

Street Number *	N,S,E,W ▼	Street Name Only *	St, Ave, Blvd, etc. ▼	N,S,E,W ▼	Apartment
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
City *	State ▼ *	Zip *	Ext.	County	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

Click on your address if it appears in box

Your address as entered above

6. Click **Next**.

MAILING ADDRESS PLEAT

If your household does not have a secondary mailing address or a Post Office Box, click **Save/Continue**.

HCS allows secondary mailing addresses and PO Boxes as an alternate mailing address. Business addresses are not accepted. To add a PO Box for your mail, follow the steps below.

1. Uncheck **The household has no separate Mailing Address** checkbox.
2. For a **Post Office Box**, check the Post Office Box checkbox.
 - Enter the correct PO Box address. The address will NOT likely appear in the box of address below, type the complete address.
3. For a secondary address, complete the required text boxes with the secondary address information.
4. Click **Save/Continue**.

▼ Mailing Address

Please use the address editor below to enter your address. You will see the formatted postal address below in the viewer. Once your address appears as it should on U.S. Postal Mail, please click "Save".
Please do not enter the entire address into the street name field.
Example: If you live at 1234 East Sesame Street, 1234 should be entered into the Street Number field, E should be entered into the first N,S,E,W field, Sesame should be entered into the Street Name Only field, and St should be entered in the St,Ave,Bldv,etc. field.

The household has no separate Mailing Address

Post Office Box Street Number * N,S,E,W Street Name Only * St, Ave, Blvd, etc. N,S,E,W Apartment

City * State * Zip * Ext. County

Click on your address if it appears in box:

4 GOLF DR, PARIS, TN 38242

5 WELCH DR, MURRAY, KY 42071

8 GATES CIR, MURRAY, KY 42071

2 ROBINS CT, MURRAY, KY 42071


3 PILLAR DR, MURRAY, KY 42071

Your address as entered above

PARENT/GUARDIAN TAB

Enter information for all legal Parents/Guardians, including yourself. This tab should also include parents/guardians of secondary households. For instance, if you are divorced or separated, the second parent should also be listed. You will add a separate address and phone number for that parent. This tab is reserved for parents or those with parental rights. Stepparents are not entered here.

Individuals highlighted in yellow are not complete. A green checkmark will appear when complete.



NOTE: Step parents are not added in this section, but are added on the Emergency Contact tab.

1. Select **Edit/Review** or **Add New Parent/Guardian**

✓ Student(s) Primary Household
▼ Parent/Guardian
✓ Emergency Contact

Parent/Guardian

First Name	Last Name	Gender	Completed	
Riding	Hood	F	✓	Edit/Review
Robin	Hood	M	✓	Edit/Review

Please list all primary Parent/Guardian in this area.

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

✓ - Indicates that person is completed.

Add New Parent/Guardian
Back
Save/Continue

Demographics Pleat

The demographic information pertains to the person in the header.

1. Verify or modify all fields. **Remember** – All fields with a **red asterisk *** are required.
2. Include a full birth date, including the 4-digit year.

Parent/Guardian Name: Atta Boy

▼ Demographics

Enter the parent/guardian you wish to enter. Please review and complete the following:

First Name: Atta
 Middle Name:
 Last Name: Boy
 Suffix:
 Birth Date: 1/21/1978
 Gender: Male

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

Next >

3. Uncheck the box if the person does not live at the address listed. This will allow you to add a secondary household address. Add the address in the same manner as your Primary Household.
4. Click **Next**.

Contact Information Pleat

1. Verify or modify information to complete all fields.
2. Include an **email** address (if applicable).
 - **Emergency**: all emergency messages
 - **High Priority**: messages labeled as High Priority Notification
 - **Attendance**: attendance messages
 - **General**: general school messages sent by the school and district
 - **Teacher**: Marking this checkbox will use this method of contact for teacher-sent messages, including messages regarding failing grades and missing assignments
 - **Private**: the phone number will be marked as private

▼ 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: () - - x
 Email:
 OR
 Has no e-mail:
 Secondary Email:

Contact Preferences
 Emergency High Priority Attendance General Teacher Private

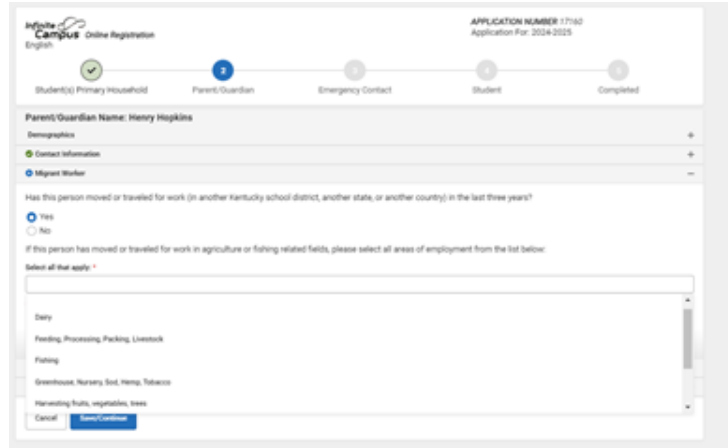
← Previous Next >

Contact Preference boxes will only appear if an e-mail address is entered.

3. Click **Next**.

Migrant Worker Pleat

In regard to the indicated parent, choose one of the options, follow the screen prompts, and click **Next**.



Impact Aid Pleat

1. Indicate yes or no if parent/guardian is in the Military.
2. Click **Save/Continue**.

Impact Aid

Federal Impact Aid (FIA) Section 8003 Grant Information.
Parent/Guardian in Military

Yes, this individual is a member of the military
 No, this individual is not a member of the military

[← Previous](#)

Cancel
Save/Continue

Military Connected Parent/Guardian Pleat

1. Select the appropriate answers (mark all that apply).
2. Click **Save/Continue**.

Military Connected Parent/Guardian

Please complete the information below about each parent/guardian currently serving as an active duty member of the U.S. Armed Forces. If at any time throughout the school year the military status of a parent/guardian changes, please contact your child's school to report the change. For the purpose of the data collection, please mark all that apply:

No parent or guardian currently serving as an active duty member of the U.S. Armed Forces or full-time National Guard.
 Yes a parent/guardian is a member of the active duty U.S. Armed Forces:
 Yes a parent/guardian is a current full-time member of the National Guard:
 No Response/Refuse to State

[← Previous](#)

Emergency Contact Tab

An emergency contact is a person you give permission to pick up your child from school in the event of an emergency. **DO NOT** add parents/guardians as an emergency contact if already entered in Parent/Guardian section.

Parents/guardians will always be contacted first.



IMPORTANT: For new emergency contacts you must have their date of birth. (mm/dd/yyyy)

1. For existing emergency contacts, click **Edit/Review**.
2. To add new emergency contacts, click **Add New Emergency Contact**.
3. Click **Confirm** on the pop up.

Demographics Pleat

1. Verify or modify all fields (birth date is required for the Emergency Contact for identification/verification purposes).
2. Click **Next**.

The screenshot shows a form titled "Demographics" with a dropdown arrow on the left. Below the title is a instruction: "Please complete the following information for each emergency contact for your child(ren)." The form contains several fields: "First Name" with the value "Anthro", "Middle Name" (empty), "Last Name" with the value "Pod", "Suffix" (dropdown menu), "Birth Date" (calendar icon), and "Gender" with the value "Male". A red box highlights the "Next >" button at the bottom left of the form.

Contact Information Pleat

The emergency contact person must have at least one phone number.

1. Verify or modify all fields.
2. Click **Next**.

The screenshot shows a form titled "Contact Information" with a dropdown arrow on the left. Below the title is an instruction: "Enter the contact information for this emergency contact." A red error message states: "At least one Phone Number is required.*" The form contains fields for "Home Phone", "Cell Phone", "Work Phone", and "Email". The phone number fields are highlighted with a red box, indicating they are required. At the bottom of the form are "Previous" and "Next >" buttons.

Verification Pleat

Enter the address for each emergency contact. This information is used to verify that the contact does not already appear in our system.

1. If the emergency contact lives at the household address, click the box.
2. If the individual does not live at the household address, enter the address.
3. Click **Save/Continue**.

Verification

Please enter the address for this emergency contact. This information will only be used to verify the contact doesn't already appear in our system.

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

or

Address Line 1

Address Line 2

Example
 Address Line 1 - 123 S Main St Apt 4
 Address Line 2 - Schenectady, NY 12345

[← Previous](#)

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

STUDENT TAB

All students registering for a Hopkins County school should be added in this tab. Add any new children entering a Hopkins County school by clicking on the Add New Student button.

1. Select **Edit/Review**.



Application N

* Indicates a required field



Student

First Name	Last Name	Gender	School	Completed	Record Type	Linked to Campus Name
		F	Hopkins County	✓	Existing	Edit/Review
		F	Hopkins County	✓	Existing	Edit/Review
		F	Hopkins County		New	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.

[Add New Student](#)

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



IMPORTANT: Please enter each child's demographic information accurately as this information will be verified by the school clerk/registrar at the time of enrollment.

Demographic Pleat

1. Verify that the **Legal** First Name, Middle Name and Last **Name as seen on the student's state certified birth certificate** are appropriately entered.
 - If student has two last names, please enter both last names in the Last Name field (e.g. Smith Jones).
 - Do not use any punctuation in the entry of the name such as dashes/hyphens, apostrophes etc.
 - You may upload your student's birth certificate, legal documents, and social security card from this pleat. These items can also be emailed to the attendance email or taken to the school.
2. Click **Next**.

Demographics

There will be a few steps for each child 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 child's name exactly as it appears on the birth certificate. If your child has two last names, please enter both in the box marked "last name". Please enter both names without a dash in between.

First Name	Melvin	Gender	Male	Enrollment Grade	10
Middle Name	J	Birth Date	01/29/2000		
Last Name	Hood	Date Entered U.S.			
Suffix		Foreign Exchange*			
Nickname		<input type="radio"/> Yes, this is a foreign exchange student			
Student Cell Number	() -	<input checked="" type="radio"/> No, this is not a foreign exchange student			
Student Email Address					

<http://register.ccsad.net>

Technology Pleat

1. Select the appropriate response.

Technology

The Kentucky Department of Education is requesting the following information for their records. Please provide a response for each student in your household.

Does this student have internet access at home capable of watching a YouTube video?

Yes, this student has internet access at home capable of watching a YouTube video.

No, this student does not have internet access at home capable of watching a YouTube video.

Does this student have internet access at any location (including home, community hotspot, relative or friend's home, etc.)?

Yes, this student has internet access at a location.

No, this student does not have internet access at any location.

TechnologyFooter starting literal

Race Ethnicity

1. Select the appropriate response from the checklist.

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

Transportation Pleat

1. Select how your child will be transported to and from school.
2. Click **Next**.

▼ **Transportation**

It is important for us to know if your student will be transported by bus to and from school. Please select one of the following choices:

◀ Previous Next ▶

Housing Pleat

1. Identify current family living situation. Upload the Student Residency Questionnaire (or email it to the attendance email or deliver it to the school) if necessary.
2. Click **Next**.

▼ **Housing**

Presently, are you and/or your family living in any of the following situations? Check ALL that apply.

- Student is sharing the housing with one or more families due to loss of housing, economic hardship, or similar reason.
- Student is temporarily living in a motel or hotel due to loss of housing, economic hardship, or similar reason.
- Student is living in a shelter (family shelter, domestic violence shelter, youth shelter, or transitional housing).
- Student is living in a car, park, campground, abandoned building, or public place.
- Student is living in a place without adequate facilities (not designated for heat, electricity, water services, etc.).
- Student is seeking enrollment without an accompanying parent (unaccompanied youth).
- NONE of the above

[Student Residency Questionnaire](#)

If you selected any of the boxes above except NONE of the above, select the blue link above to access and complete the Student Residency Questionnaire and then upload it below. If you are unable to access the document to upload it, you may complete it from the district website and email it to the school attendance email address or take it to the school. ****PLEASE NOTE, a new OLR TAB will open. You need to CLOSE the new tab and return to THIS tab/window to continue your application.****

Upload Student Residency Questionnaire

◀ Previous Next ▶

Student Services Pleat

1. Verify or modify the appropriate answer for each question.
2. Click **Next**.

▼ **Student Services**

Does your student have a current IEP? No *

Does your student have a current 504 plan? No *

Has your student previously received gifted/talented services? No *

Language Information Pleat

1. Verify or Modify the Language information window.
2. Click **Next**.

▼ **Language Information**

Please enter language information for your student below.

What language does your child most frequently speak at home? English *

What language do you most frequently speak to your child? English *

Which language did your child learn when they first began to talk? English *

*What is the language most frequently spoken at home? English *

Previous School Pleat– **FOR NEW STUDENTS ONLY**

1. If applicable, enter your child's previous school year information.
2. Please answer each question as required.
3. You may also upload Transcripts, Report Cards, or Records Release Forms. These items may also be taken to the school or emailed to the attendance email address.
4. Click **Next**.

Relationships –Parent/Guardian

Verify or modify the relationship of those listed to the student you are working on.

1. Verify each **relationship** to the child from the drop-down menu next to each parent/guardian name.
2. Choose the **Contact Preferences** for each parent/guardian, see descriptions below.
 - **Guardian**–flag this person as a legal guardian to the student.
 - **Mailing**–flag this person to receive mailings for the student. (You must check

- Guardian and Mailing to receive letters and report cards for your child.)
- **Portal**—flag this person as having access to a Portal account and this person will be able to view this student’s information within their associated Portal login.
 - **Messenger**—flag this person to receive messages from the District’s messenger system.
3. Check the box for **Secondary Household** if child lives part time with the other parent/guardian.
Secondary Household—indicate that this person is a member of the student’s secondary household.
4. Enter the **Contact Sequence** in which you wish to be contacted in case of emergency. Number 1 is the first contact.
Contact Sequence— Adding a sequence number on contacts will prompt district staff to contact the persons in the order specified.
5. **No Relationship** - This removes persons from the Household.
6. Click **Next**.

▼ Relationships - Parent/Guardians

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

Name	Relationship*	Guardian	Mailing	Portal	Messenger	Secondary Household	Contact Sequence*	OR	No Relationship
Robin Hood	Father	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2		<input type="checkbox"/>
Riding Hood	Mother	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1		<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 having access to the portal and the ability to view student information 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 and Emergency Contacts will begin with the next sequence number.

No Relationship - Checking this box means that this person no longer has any relationship to this student.

◀ Previous **Next** ▶

Relationships- Emergency Contacts Pleat

Verify or modify the emergency contact information on the emergency contact tab. All children do not need to be linked to the same emergency contact.

1. Choose **Relationship** from the drop-down.
2. Select a **Contact Sequence**. The contact sequence should reflect the order in which this person should be contacted. Parent/guardians are contacted first.
3. Click **Next**.

▼ Relationships - Emergency Contacts

A minimum of (2) Emergency Contacts are required*

Name	Relationship*	Contact Sequence*	OR	No Relationship
FIRST LAST	Aunt	2		<input type="checkbox"/>
MIDDLE FIRST	Cousin	3		<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 - MCPS will only contact Parent/Guardians or those listed as Emergency Contacts. A Parent/Guardian requesting a no contact order from a parent must provide legal/court documentation to the school.

Health Services – Emergency Information Pleat

1. Provide the Primary Care Provider for the student.
2. Click **Next**.

▼ Health Services - Emergency Information

Primary Care Provider

Primary Care Phone () -

Please be prepared to provide documentation directly to the school nurse regarding any and all health conditions/concerns and medications.

Health Services - Documentation Pleat

1. Provide the requested health documentation by uploading the information, sending it to the attendance email address, or taking it to the school.
2. Click **Next**.

▼ Health Services - Documentation

The health documentation listed below is only required for certain students. Please read each item carefully so you do not submit unnecessary information. You may upload your documents below, email them to the school attendance email address, or take them to the school. Select the blue links below to upload your health documentation. ****PLEASE NOTE, a new OLR TAB will open. You need to CLOSE the new tab and return to THIS tab/window to continue your application.****

Click to upload a copy of immunization records (new students or returning students with updated records).

Students entering Preschool/Kindergarten or a Kentucky school for the first time are required to have an eye exam.

Students entering Kindergarten or a Kentucky school for the first time are required to have a dental exam.

Students entering Preschool/Kindergarten, Sixth grade, or a Kentucky school for the first time are required to have a physical exam.

Health Services – Medical or Mental Health Conditions

1. Verify or modify information as applicable. All health conditions would be entered here. **If your child has a life-threatening condition (i.e., diabetes, epilepsy, anaphylactic reaction to food, medication, etc.) you MUST contact your child’s school nurse. A meeting will be held, and a Health Plan will be developed if needed.**
2. To add a condition, click **Add Condition**.
3. You may also upload any medical documentation for your student, send it to the attendance email address, or take it to the school.

▼ Health Services - Medical or Mental Health Conditions

No medical or mental health conditions

or

Add Condition

If your child has a life-threatening condition (i.e., diabetes, epilepsy, anaphylactic reaction to food, medication, etc.) you MUST contact your child’s school nurse. A meeting will be held, and a Health Plan will be developed if needed.

← Previous
Next →

Health Services – Medications

1. Verify or modify information as applicable.
2. Click **Next**.

▼ Health Services - Medications

No medications

or

Medication*	Where Taken*	Medication Type*	Comments and Instructions	Remove Medication
	▼	▼		

Add Medication

← Previous
Next →

Consent and Release Agreements Pleat

1. Read all information carefully and enter all data as required.
2. Click **Next**.

▼ Consent and Release Agreements

*** Please select 1 option(s)**

Yes - I give the Hopkins County School District permission to release my child's name, photograph, work, and/or audio/video reproduction to the general public concerning school functions and activities, including academic and athletic activities. I understand authorized persons may videotape or photograph classroom activities or projects; therefore, my child's recorded image, voice, or work may be used for public awareness, publication on the school and/or district website/social media sites, and in school yearbooks.

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)**

As a student of the Hopkins County School District's computer network, I agree to comply with the District's Internet and electronic mail rules and to communicate over the network in a responsible manner while aiding by all relevant laws and restricts. I understand that violation of the regulations is unethical and may constitute a criminal offense. Should I commit any violation, my access privileges may be revoked and school disciplinary action and/or legal action may be taken. As the parent/guardian of the student (under 18), I grant permission for my child to access networked computer services such as electronic mail and the Internet. I understand that this access is designed for educational purposes; however, I also recognize that some materials on the Internet may be objectionable, and I accept responsibility for guidance of Internet use by setting and conveying standards for my child to follow when selecting, sharing, researching, or exploring electronic information and media. By stating yes, I accept and agree that my child's rights to use the electronic resources provided by the District and or the Kentucky Department of Education are subject to the terms and conditions set forth in District policy/procedure. Please also be advised that data stored in relation to such services is managed by the District pursuant to policy/procedure 08.2323 and accompanying procedures. I also understand that the email address provided to my child can also be used to access other electronic services or technologies that may or may not be sponsored by the District, which provide features such as online storage, online communications and collaborations, and instant messaging. Use of those services is subject to either standard consumer terms of use or a standard consent model. Data stored in those systems, where applicable, may be managed pursuant to the agreement between KDE and designated service providers or between the end user and the service provider. Before my child can use online services, he/she must accept the service agreement and, in certain cases, obtain your consent.

I do not give consent for my student to access networked computer services such as electronic mail and the Internet.

Consent and Release Agreements

*** This checkbox is required**

My signature below indicates that I have read, reviewed, and provided a response for the following Hopkins County Schools Consent and Release Agreement forms/items: ***Media/Publication Consent
 ***Technology Acceptable Use I also agree that all information and documentation provided for the online registration process is true and accurate to the best of my knowledge.

Please sign on the line below

[Enrollment and Release Forms](#)

VERIFICATION

Children with complete information will have a green check. If a child is not complete, the name will be highlighted yellow.

1. For students that are incomplete (highlighted in yellow) click on Edit/Review and provide missing information.
2. To add another child click Add New Student. Continue to add all children attending a HCS school.
3. Click **Save/Continue** after all HCS students have been added and completed.

First Name	Last Name	Gender	Completed	Edit/Review
Melvin	Hood	M	✓	Edit/Review
Crystal	Hood	F		Edit/Review

Hopkins County

Please include all children who will be attending. To add a NEW student to the District, click 'Add New Student' below.

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

✓ - Indicates that person is completed.

Buttons: Add New Student, Back, Save/Continue

RETURN TO COMPLETE AN UNSUBMITTED APPLICATION

You can exit online registration (OLR) at any time during the application process and return later to complete the registration process. Make sure you have your application number!

PRINT AND SUBMIT APPLICATIONS OPTIONS

Click on the link for Application Summary PDF to review all information. You will need Adobe Acrobat Reader to access the document. You are not required to print the application.

Option 1

Click **Submit** if you are satisfied the application is complete and accurate. **Once you submit the application you can no longer make changes.** If you have submitted the application, and discover you have forgotten information, contact your child’s school.

Option 2

Click **Back** if you have not completed the application and need to make revisions OR, if you are done, click **Submit**.


You must submit your application by clicking the following button.

Submit

PLEASE NOTE: Prior to submitting your application you may verify all of the data you have entered by going back to the area in question or click on the PDF link below. Your information is not submitted until you click the submit button above. You will receive an email notification that your application was received after clicking submit application.

Back

[Application Summary PDF](#)



Thank you for completing your HCS Online Registration. Please remember to provide any new documents that you did not upload during the OLR process to your child's school by sending the information to the attendance email address or taking the information to the school. Your application will not be processed and 23-24 enrollment will not be secured until all documents are received and reviewed. There may be additional forms to complete at the beginning of the school year. If you have any questions, please contact your child's school.

Thank you and as always, #TeamHopkins!

Browning Springs Middle:
bsms.attendance@hopkins.kyschools.us

Earlington Elementary:
ees.attendance@hopkins.kyschools.us

Grapevine Elementary:
ges.attendance@hopkins.kyschools.us

Hanson Elementary:
hes.attendance@hopkins.kyschools.us

Hopkins County Schools Academy:
academy.attendance@hopkins.kyschools.us

Hopkins County Central High:
hcchs.attendance@hopkins.kyschools.us

James Madison Middle:
jmms.attendance@hopkins.kyschools.us

Jesse Stuart Elementary:
jses.attendance@hopkins.kyschools.us

Madisonville North Hopkins High:
mnhhs.attendance@hopkins.kyschools.us

South Hopkins Middle:
shms.attendance@hopkins.kyschools.us

Southside Elementary:
sses.attendance@hopkins.kyschools.us

Pride Elementary: pes.attendance@hopkins.kyschools.us

West Broadway Elementary:
wbes.attendance@hopkins.kyschools.us

West Hopkins: whs.attendance@hopkins.kyschools.us