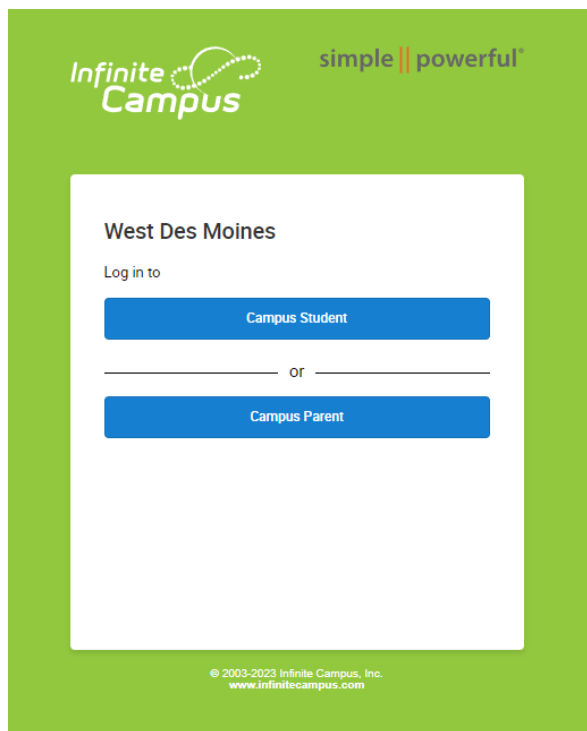


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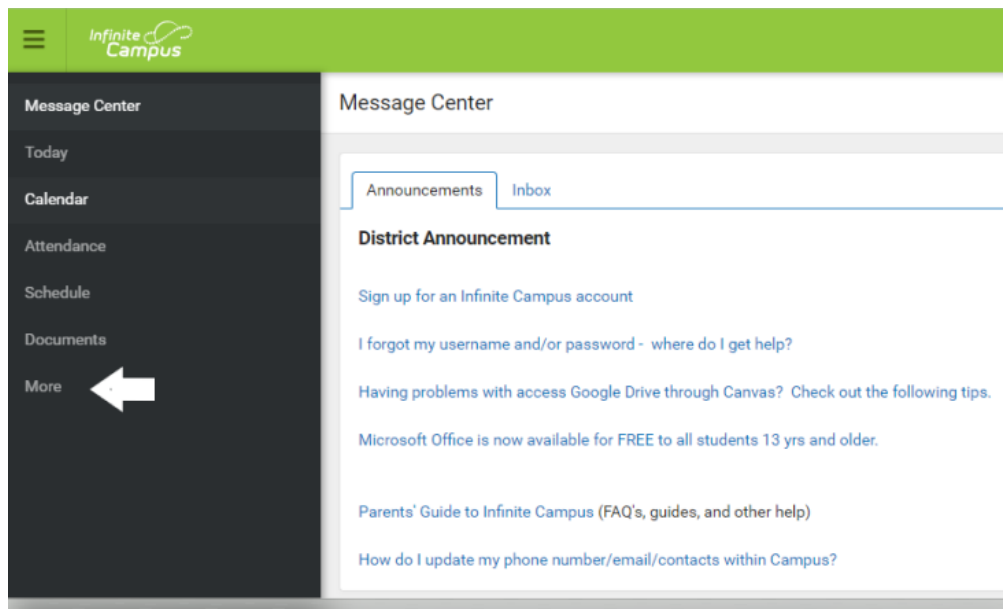
LOG INTO YOUR PARENT INFINITE CAMPUS ACCOUNT.

<https://wdmcs.infinitecampus.org/campus/portal/westdesmoines.jsp>



The image shows the login page for Infinite Campus. At the top left is the Infinite Campus logo with the tagline "simple || powerful". Below this, the text "West Des Moines" is displayed. Underneath, it says "Log in to" followed by two blue buttons: "Campus Student" and "Campus Parent", separated by a horizontal line with the word "or" in the middle. At the bottom, there is a small copyright notice: "© 2003-2023 Infinite Campus, Inc. www.infinitecampus.com".

CLICK "MORE" IN THE LEFT MENU



The image shows the Infinite Campus dashboard. On the left is a dark grey sidebar menu with the Infinite Campus logo at the top. The menu items are: "Message Center", "Today", "Calendar", "Attendance", "Schedule", "Documents", and "More". A white arrow points to the "More" item. The main content area is titled "Message Center" and has two tabs: "Announcements" (selected) and "Inbox". Under the "Announcements" tab, there is a section titled "District Announcement" with the following links: "Sign up for an Infinite Campus account", "I forgot my username and/or password - where do I get help?", "Having problems with access Google Drive through Canvas? Check out the following tips.", "Microsoft Office is now available for FREE to all students 13 yrs and older.", "Parents' Guide to Infinite Campus (FAQ's, guides, and other help)", and "How do I update my phone number/email/contacts within Campus?".


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CLICK “TIGER ENROLLMENT” BUTTON

More

- Address Information >
- Assessments >
- Family Information >
- Important Dates >
- Silver Cord Hours >
- Tiger Enrollment >**



SELECT “START” BUTTON

< More | Online Enrollment

NAME	STATUS	ACTION
2022-2023 Attention, Current WDMCS Families—Info. About Adding New Students.,	IN PROGRESS	Continue
2023-2024 Attention, Current WDMCS Families—Info. About Adding New Students.,		Start

SELECT “BEGIN ENROLLMENT BUTTON”

< Online Enrollment | Existing Student Enrollment

This editor is to update data for students that are currently enrolled in the District. You may add new students that are enrollment for the select year later in the process.

If you only want to enroll new students for the upcoming school year and have no returning students, please use the link below to go to the New Student Enrollment form.

STUDENT NAME	GRADE	INCLUDED IN NEW APP?	REASON IF NOT INCLUDED	ONLINE REGISTRATION SUBMITTED?
[REDACTED]	[REDACTED]	yes	Included	no

You will load into application number [REDACTED] for existing student enrollment.

Begin Enrollment

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SELECT “ENGLISH” OR “SPANISH” AS YOUR PREFERRED LANGUAGE



[English](#) | [Español](#)

Please pick your preferred language.

Por favor, elija su idioma perferred.

TYPE YOUR NAME AND USE YOUR CURSOR TO SIGN YOUR NAME. HIT “SUBMIT”



[English](#) | [Español](#)

Welcome Laine Mendenhall-Buck! Please type in your first and last name in the box below.

By typing your name into the box above 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.

Laine Mendenhall-Buck

Please sign on the line below.



Clear

Submit

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REVIEW THE INFORMATION YOU NEED TO PROCEED. **CLICK “BEGIN ENROLLMENT”**

Welcome to the Infinite Campus Online Enrollment for RETURNING WDMCS Students. 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
- Other Contact Information - addresses and phone numbers of emergency contacts, doctors, dentists, and other adults who may have permission to drop off or pick up your student from school.

You may be asked to upload certain information during this application

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 the district registrar at (515) 633-5101 during business hours or leave a message and a representative will be back in touch with you the next business day.

HSAP/CPI/Dual Enroll Additional Items:

Course of study (*if homeschooling or dual enrolling*). You will be asked to complete a course of study as required on the Competent Private Instruction (CPI) Form A. This includes title of text, text publisher or author, and time spent on each subject taught at home for language arts, math, science, and social studies/history.

Courses for Dual Enrollment (*if applicable*). If your child will be dual enrolled at one of the WDM schools, you will need to list the courses/activities they will be dual enrolled for.

Begin Enrollment

DEMOGRAPHICS TAB

REVIEW DEMOGRAPHICS:

- PRIMARY HOUSEHOLD NUMBER
- ANSWER INTERNET ACCESS QUESTION FROM DROP-DOWN MENU
- ANSWER HOUSING SITUATION FROM DROP-DOWN MENU

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NEW SECTION ADDED THIS YEAR

- **COMMUNITY ELIGIBILITY PROVISION SURVEY**

Completing this survey helps the district maintain and increase federal funding for Title I programs (tutoring, staff, family engagement programs, etc.) and free meals for more students, even those who may or may not qualify for the free and reduced meal program.

If you do not see your income range in the list, select “My household income exceeds the ranges listed here.”

- **CLICK “NEXT”**

The screenshot shows the 'Phone' section of the enrollment form. At the top, there is a progress bar with five steps: Demographics (active), Parent/Guardian, Other Contacts, Student, and Completed. Below the progress bar, the 'Phone' section is expanded. It contains text about contact preferences for emergencies and attendance, managed in Blackboard. A link for 'Blackboard Parent Link' is provided. Below this, there is a field for 'Primary Household Number' with a placeholder '(515) 314 -2975'. A dropdown menu asks 'Which of the following best describes internet access at your home?' with a blue bar below it. The 'Community Eligibility Provision Survey' section follows, explaining that all WDMCS families should complete it to help maintain and increase federal funding for Title I programs and free meals. It includes instructions on who to include in household size and annual household income, with examples of income sources like gross earnings, welfare, and pensions. A dropdown menu for 'Household Size/Income' is at the bottom of the survey section. A 'Next' button is located at the bottom left of the form.

REVIEW HOME ADDRESS:

- REVIEW ADDRESS LISTED.
- IF IT IS NO LONGER VALID, CLICK CHECKBOX TO UPDATE.
- CLICK “NEXT”

The screenshot shows the 'Home Address' section of the enrollment form. At the top, there is a progress bar with five steps: Demographics (active), Parent/Guardian, Other Contacts, Student, and Completed. Below the progress bar, the 'Home Address' section is expanded. It contains a text box with the label 'Your address as listed in the portal' and a blacked-out address. Below the text box, there is a checkbox with the text 'The home address listed is no longer current. If this box is checked, proof of residency for your new address must be provided to the District Registrar. Please see district website ()'. At the bottom, there are two buttons: 'Previous' and 'Next'.

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REVIEW MAILING ADDRESS:

- IF YOUR MAILING ADDRESS IS THE SAME AS YOUR HOME ADDRESS, SELECT THE CHECKBOX.
- IF IT IS NOT THE SAME, UNCHECK THE BOX AND ADD A MAILING ADDRESS.
- CLICK “NEXT”

The screenshot shows a horizontal progress bar at the top with five steps: Demographics (active), Parent/Guardian, Other Contacts, Student, and Completed. Below the progress bar, the form has sections for Phone, Home Address, and Mailing Address. The Mailing Address section is expanded, showing instructions to use the address editor and a checkbox labeled "The household has no separate Mailing Address" which is checked. At the bottom of the form are "Previous" and "Next" buttons.

REVIEW FEE WAIVER:

- IF YOU BELIEVE YOU WOULD QUALIFY FOR A FEE WAIVER, SELECT “YES” FROM THE DROP-DOWN MENU. IF NOT, SELECT “NO”
- SIGN AND DATE
- CLICK “SAVE/CONTINUE”

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▼ Fee Waiver

Fee Waiver Information:

If your child qualifies for free or reduced meals, they may also receive a fee waiver for the following (the fee waiver is not applicable for PK students but please complete. This information will not be referenced for any PK student enrollments):

Book fees, transportation fees, driver's education, required summer school classes, music instruments, AP exams, Valley Tiger Pride Supplies, Planet 7, Student Activity Ticket, Bi-literacy Seal Stamp, and the Booster Pak Program. If you do not want your information released to an individual program listed please contact the Nutrition Services Department at (515) 633-5085

Please check **YES** to have your fees waived if you are eligible

Please check **NO** if you do not want to have your fees waived.

No ▼ *

---Signing the fee waiver does not automatically qualify your student for free or reduced meals. You must be directly certified or fill out the application for free and reduced meals to qualify.---

Signature of Parent/Guardian

Laine Mendenhall-Buck *

Date

05/01/2023



◀ Previous

Save/Continue

PARENT/GUARDIAN TAB

REVIEW PARENT/GUARDIAN DETAILS:

- ANY PARENT/GUARDIAN MARKED IN YELLOW MEANS YOU NEED TO REVIEW AND/OR UPDATE INFORMATION.
- SELECT "EDIT/REVIEW" FOR EACH PARENT/GUARDIAN.

Parent/Guardian

First Name	Last Name	Gender	Completed	Record Type	
[REDACTED]	[REDACTED]	[REDACTED]	✓	Existing	Edit/Review

Description of Add Parent

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

✓ - Indicates that person is completed.

Add New Parent

Back

Save/Continue

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Infinite Campus Step-by-Step Instructions

REVIEW PARENT/GUARDIAN DEMOGRAPHICS:

- REVIEW AND UPDATE, IF NEEDED, DEMOGRAPHICS
- CLICK “NEXT”

Parent Name: [REDACTED]

▼ Demographics

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

First Name	[REDACTED] *
Middle Name	[REDACTED]
Last Name	[REDACTED] *
Suffix	▼
Birth Date	[REDACTED] *
Gender	[REDACTED] ▼ *

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

[REDACTED]

Next ►

REVIEW ADDITIONAL PARENT/GUARDIAN INFORMATION:

▼ Contact Information

At least one Phone Number is required. *

Enter the contact phone and/or email information.

Cell Phone	([REDACTED]) [REDACTED]
Work Phone	([REDACTED]) [REDACTED] - [REDACTED] x [REDACTED]
Other Phone	([REDACTED]) [REDACTED] - [REDACTED] x [REDACTED]
Email	* [REDACTED]

OR

Has no e-mail ☐

Secondary Email [REDACTED]

◀ Previous Next ▶

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REVIEW IMPACT AID:

- SELECT “YES” OR “NO” IF THIS PARENT/GUARDIAN IS A MEMBER OF THE MILITARY
- CLICK “SAVE/CONTINUE”

▼ Impact Aid

Federal Impact Aid (FIA) Section 8003 Grant Information.*

Parent 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

REVIEW OTHER PARENTS/GUARDIANS:

- ONCE ALL PARENT/GUARDIAN ROWS ARE UPDATED, THEY WILL NO LONGER BE YELLOW.
- SELECT “ADD NEW PARENT” IF NEEDED. **NOTE:** IF YOUR STUDENT HAS TWO HOUSEHOLDS AND YOU HAVE ENTERED THAT OTHER PARENT/GUARDIAN INFORMATION INTO INFINITE CAMPUS LAST YEAR, INFINITE CAMPUS STILL HAS THAT INFORMATION, BUT DOES NOT SHOW UP HERE. IF THERE ARE ANY CHANGES TO THAT SECOND HOUSEHOLD, PLEASE CLICK “ADD NEW PARENT” AND ENTER THEM HERE.
- CLICK “SAVE/CONTINUE”

Parent/Guardian

First Name	Last Name	Gender	Completed	Record Type	
			✓	Existing	Edit/Review
			✓	Existing	Edit/Review
Description of Add Parent					
Yellow - Indicates that person is missing required information. Select the highlighted row to continue.					
✓ - Indicates that person is completed.					

Add New Parent

Back

Save/Continue

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OTHER CONTACTS TAB

REVIEW OTHER CONTACTS:

- ANY CONTACTS MARKED IN YELLOW MEANS YOU NEED TO REVIEW AND/OR UPDATE INFORMATION. **PARENTS LIVING IN OTHER HOUSEHOLDS, STEP-PARENTS OR OTHER EMERGENCY CONTACTS YOU CHOOSE WILL BE LISTED HERE.**
- PLEASE DO NOT INCLUDE MEDICAL EMERGENCY CONTACT HERE. THEY WILL BE ADDED UNDER THE STUDENT TAB.
- SELECT “EDIT/REVIEW” FOR EACH CONTACT.

Other Contacts

Please enter contacts of individuals who you consider emergency contacts and/or have permission to drop-off/pick-up your student from school. Do not add doctor or dentist information here. Do not enter parent information here.

First Name	Last Name	Gender	Completed	Record Type	Remove Existing Contact	
[REDACTED]	[REDACTED]	[REDACTED]		Existing		Edit/Review
[REDACTED]	[REDACTED]	[REDACTED]		Existing		Edit/Review
[REDACTED]	[REDACTED]	[REDACTED]		Existing		Edit/Review

Description of Other Emergency Contact

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

✓ - Indicates that person is completed.

Add New Emergency Contact

Back

Save/Continue

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REVIEW OTHER CONTACT DEMOGRAPHICS:

- REVIEW AND UPDATE, IF NEEDED, DEMOGRAPHICS
- IF THIS CONTACT IS NO LONGER VALID, SELECT THE CHECKBOX
- CLICK “NEXT”

Contact Name: [redacted]

▼ Demographics

Enter the contact information for this emergency contact. This is a person(s) other than a parent/guardian who can be contacted if your child has an emergency at school and the school cannot reach a parent/guardian. Do not add doctors or dentists in this section. You will add them later in a different section.

First Name [redacted]

Middle Name [redacted]

Last Name [redacted]

Suffix [dropdown]

Birth Date [redacted]

Gender [redacted]

☐ Check this box if this person is no longer an Emergency Contact for any students in this family.

Next >

REVIEW PHONE NUMBERS:

- REVIEW AND UPDATE, IF NEEDED, PHONE NUMBERS
- CLICK “SAVE/CONTINUE”

At least one Phone Number is required.*

Home Phone () -

Cell Phone ()

Work Phone () x

Previous

Cancel Save/Continue

REVIEW OTHER CONTACTS:

- ONCE ALL CONTACT ROWS ARE UPDATED, THEY WILL NO LONGER BE YELLOW.
- CLICK “ADD NEW CONTACT” IF YOU WANT TO ADD A NEW CONTACT.
- CLICK “SAVE/CONTINUE”

Other Contacts

Please enter contacts of individuals who you consider emergency contacts and/or have permission to drop-off/pick-up your student from school. Do not add doctor or dentist information here. Do not enter parent information here.

First Name	Last Name	Gender	Completed	Record Type	Remove Existing Contact
[redacted]	[redacted]	[redacted]	✓	Existing	<input type="checkbox"/> Edit/Review

Description of Other Emergency Contact

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

✓ - Indicates that person is completed.

Add New Emergency Contact

Back Save/Continue

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STUDENT TAB

REVIEW STUDENT INFORMATION:

- ANY STUDENTS MARKED IN YELLOW MEANS YOU NEED TO REVIEW AND/OR UPDATE INFORMATION.
- SELECT “EDIT/REVIEW” FOR EACH STUDENT.

You will see a row for each student who attended school the previous year.

Student

First Name	Last Name	Gender	School	Completed	Record Type	
					Existing	Edit/Review

[Description of Add Student](#)

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](#)

REVIEW DEMOGRAPHICS:

- REVIEW STUDENT NAME, PHONE, EMAIL, GENDER, DATE OF BIRTH, ENROLLMENT GRADE, IF THEY ARE A FOREIGN EXCHANGE STUDENT, AND SELECT THE BIRTH VERIFICATION OPTION IN THE DROP-DOWN MENU.
- CLICK “NEXT”

▼ 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.

First Name	<input type="text"/>	Gender	<input type="text"/>	Enrollment Grade	<input type="text"/>
Middle Name	<input type="text"/>	Birth Date	<input type="text"/>		
Last Name	<input type="text"/>	Foreign Exchange*	<input type="radio"/> Yes, this is a foreign exchange student <input type="radio"/> No, this is not a foreign exchange student		
Suffix	<input type="text"/>	Birth Verification (required to view or have copy)	<input type="text"/>		
Commonly Goes By (Do NOT re-enter First Name, only if nickname is different than First Name)	<input type="text"/>				
Student Cell Number	<input type="text"/>				
Student Email Address	<input type="text"/>				

[Next >](#)

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REVIEW ENROLLMENT INFORMATION:

- SELECT “YES” OR “NO” FROM THE DROP-DOWN MENU TO CHOOSE THE FOLLOWING:
 - IF THE STUDENT IS ENROLLING IN THE HOME SCHOOL PROGRAM.
 - IF THE STUDENT IS A FOSTER CHILD.
 - IF THE STUDENT IS A PREVIOUS WDMCS STUDENT.
 - IF THERE IS A COURT ORDER REGARDING THE STUDENT.

▼ Enrollment Information

Are you Dual Enrolling for a class(es) at one of the WDM schools AND/OR enrolling in our Home School Assistance Program (HSAP)? *

Is this student a Foster child?*

☐ Yes

☐ No

Is this student a previous West Des Moines Community Schools student?*

☐ Yes

☐ No

Is there a court order regarding custody for this student?

☐ Yes

☐ No

REVIEW RACE/ETHNICITY:

- SELECT “YES” OR “NO” FROM THE DROP-DOWN MENU TO CHOOSE IF THE STUDENT IS HISPANIC/LATINO.
- SELECT ONE OR MORE OPTIONS FROM THE ETHNICITY OPTIONS.
- CLICK “NEXT”

▼ 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

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COMMENCEMENT (FOR SENIORS ONLY):

- REVIEW YOUR STUDENT'S LEGAL NAME IN INFINITE CAMPUS TO CONFIRM IT IS CORRECT FOR THE DIPLOMA. SELECT "YES" OR "NO." IF YOU SELECT "NO", TYPE THE CORRECT NAME.
- SELECT "YES" OR "NO" TO INDICATE IF YOU WANT YOUR STUDENT'S FULL LEGAL NAME READ AT COMMENCEMENT (GRADUATION.) IF YOU SELECT "NO", TYPE WHAT YOU WOULD LIKE READ.
- IF YOUR STUDENT'S NAME IS DIFFICULT TO PRONOUNCE, TYPE OUT PHONETICALLY HOW TO SAY THEIR NAME.
- SELECT "YES" OR "NO" TO INDICATE IF YOUR STUDENT PLANS TO ATTEND COMMENCEMENT IN MAY, 2023.
- TYPE YOUR STUDENT'S CURRENT HEIGHT (IN INCHES) AND WEIGHT (IN POUNDS) SO A GOWN CAN BE ORDERED.

▼ Commencement

The legal name (on birth certificate) must be used for the diploma. Please verify if the name in Infinite Campus exactly matches students birth certificate. Please pay attention to spacing and capitalization for the diploma (Example: VanOostenrijk (incorrect) vs. van Oostenrijk (correct)).

Do you wish to have your student's full legal name read?

How do you pronounce your student's name? (type out phonetically if there is a chance we could mispronounce the name. Example: vanOostenrijk would be van-O (long o)-sten-rik (long i)).

Does your student plan to walk/attend commencement in May?

Even if you are not sure if your student will attend commencement, please complete the following information to help us plan.

Height (inches):

Weight (pounds):

◀ Previous

Next ▶

TRANSPORTATION:

- FAMILIES WILL SIGN UP FOR TRANSPORTATION ON THE WDMCS.ORG WEBSITE.

▼ Transportation

Families who wish to add or change bus transportation for 2023-24 will log into a new Transportation software system. To learn more and register, go to <https://discover.wdmcs.org/bus-registration>

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Next ▶

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Infinite Campus Step-by-Step Instructions

REVIEW RELATIONSHIPS TO THE PARENT/GUARDIAN:

- EACH PARENT/GUARDIAN NEEDS A “RELATIONSHIP” TYPE SELECTED. WHAT IS THE RELATIONSHIP OF THAT PARENT/GUARDIAN TO THE STUDENT?
- SELECT AN OPTION FOR EACH NAME FROM THE DROP-DOWN MENUS.
- SELECT AN ORDER OF CONTACT FOR EACH PARENT/GUARDIAN. *(This means who the school will call first, second, third, etc., if needed.)*
- CLICK “NEXT”

▼ Relationships - Parent/Guardians

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

Name	Relationship*	Guardian	Mailing	Portal	Secondary Household	Contact Sequence*	OR	No Relationship
[REDACTED]	[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1		<input type="checkbox"/>
[REDACTED]	[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3		<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.

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 should also start at 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.

◀ Previous Next ▶

REVIEW RELATIONSHIP TO EMERGENCY CONTACTS:

- EACH EMERGENCY CONTACT NEEDS A “RELATIONSHIP” TYPE SELECTED. WHAT IS THE RELATIONSHIP OF THIS CONTACT TO THE STUDENT?
- SELECT AN OPTION FOR EACH CONTACT FROM THE DROP-DOWN MENU.
- SELECT AND ORDER OF CONTACT FOR EACH EMERGENCY CONTACT.
- IF THIS CONTACT IS NO LONGER CONNECTED TO THIS STUDENT, CHECK THE BOX.
- CLICK “NEXT”

▼ Relationships - Emergency Contacts

Name	Relationship*	Contact Sequence*	OR	Person is no longer associated with this student
[REDACTED]	Doctor/Patient	6		<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 and Emergency Contacts should also start at a sequence of 1.

Person is no longer associated with this student - 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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Infinite Campus Step-by-Step Instructions

REVIEW HEALTH SERVICES — MEDICAL CONTACTS:

- REVIEW THE MEDICAL CARE PROVIDER, PREFERRED HOSPITAL, AND DENTIST INFORMATION.
- SELECT IF THE STUDENT IS COVERED BY INSURANCE.
- CLICK “NEXT”

The screenshot shows the 'Health Services - Medical Contacts' section of the Infinite Campus enrollment form. It includes fields for 'Primary Care Provider' (with a dropdown menu), 'Primary Care Phone' (with a dropdown menu), 'If needed, which hospital is preferred?' (with a dropdown menu), 'Dentist Name' (with a dropdown menu), 'Dentist Phone Number' (with a dropdown menu), and 'My child is covered by: (Choose one below)' (with a dropdown menu). At the bottom, there are 'Previous' and 'Next' navigation buttons.

REVIEW HEALTH SERVICES — MEDICAL OR MENTAL HEALTH CONDITIONS:

- CHECK THE BOX IF YOUR STUDENT DOES NOT HAVE ANY MEDICAL/MENTAL HEALTH CONDITIONS, ALLERGIES, ETC.
- IF YOUR STUDENT HAS ANY MEDICAL CONDITIONS, SELECT “ADD CONDITION” AND INSERT INFORMATION ABOUT EACH CONDITION.
- SELECT IF YOUR STUDENT WEARS GLASSES/CONTACTS.
- SELECT IF YOUR STUDENT HAS ANY ACTIVITY RESTRICTIONS.
- CLICK “UPLOAD” TO ADD ANY DETAILED INFORMATION OR PLAN.
- CLICK “NEXT”

The screenshot shows the 'Health Services - Medical or Mental Health Conditions' section of the Infinite Campus enrollment form. It includes a checkbox for 'My student DOES NOT have any medical/mental health conditions or allergies to medication, food, bees, or environment'. Below this is a yellow 'OR' label and a blue 'Add Condition' button. The form also includes questions about whether the student wears glasses or contacts (with radio button options 'Yes - Does wear glasses/contacts' and 'No - Does not wear glasses/contacts') and whether the student has any activity restrictions (with radio button options 'Yes - Student has activity restrictions with a Doctor's note' and 'No - Student does not have any activity restrictions'). There is a text box for 'If yes, explain:'. At the bottom, there is a section for 'Upload Instructions' with a text box for 'Please upload any detailed information or plan related to the health condition' and a blue 'Upload' button. At the very bottom, there are 'Previous' and 'Next' navigation buttons.

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REVIEW HEALTH SERVICES — MEDICATIONS:

- CHECK THE BOX IF YOUR STUDENT DOES NOT TAKE ANY PRESCRIPTION MEDICATION.
- IF YOUR STUDENT TAKES ANY PRESCRIPTION MEDICATION, SELECT “ADD MEDICATION AND REASON FOR USE BUTTON.”
- CLICK TO DOWNLOAD AND COMPLETE ANY OF THE FORMS LISTED, IF NEEDED.
- SELECT IF YOUR STUDENT IS ALLERGIC TO ANY MEDICATIONS.
- IMMUNIZATIONS ARE REQUIRED BEFORE BEING ENROLLED. IF YOU ARE A RETURNING STUDENT, PLEASE UPLOAD ONLY IF YOU HAVE RECEIVED ANY NEW IMMUNIZATIONS.
- CLICK “NEXT”

▼ Health Services - Medications

My child DOES NOT take any prescription medications ☐

OR

Add Medication and reason for use.

Remember medication taken at school needs to be in original labeled container and the parent authorization form must be completed.

[The Short Term Medications Authorization form](#)

[The Inhaler Self-Carry Consent form](#)

[The Daily Medication Consent form](#)

Is your student allergic to any medications?

☐ Yes - Allergic to medications

☒ No - Allergic to medications

I give my permission for ALL medications/Emergency Medications to be sent home with my student at the end of the school year.

(If answered **NO**, the school nurse will contact you to arrange a time to pick them up.)

*

Iowa Code, Chapter 139a.8(6) and Iowa Administrative Code, 641-7.7(139) outline the immunization requirement for students attending elementary or secondary schools. Students must have received the required immunizations or have a valid Certificate of Immunization Exemption, or Provisional Certificate of Immunization. If you would like to learn more about immunization exemptions, visit our website - [Immunization Information](#)

IMMUNIZATIONS ARE REQUIRED BEFORE BEING ENROLLED. IF YOU ARE A RETURNING STUDENT, PLEASE UPLOAD ONLY IF YOU HAVE RECEIVED ANY NEW IMMUNIZATIONS.

Please upload a copy of immunization records if newly enrolling or if any changes/additions.

DO NOT UPLOAD FAKE DOCUMENTS. THIS WILL DELAY ENROLLMENT. APPLICATIONS WILL NOT BE PROCESSED UNTIL CORRECT DOCUMENTS ARE ATTACHED *

Upload Immunizations

REVIEW HEALTH OFFICE — OFFICE MEDICATIONS:

- TYPE YOUR FIRST/LAST NAME TO GIVE PERMISSION FOR YOUR STUDENT TO BE GIVEN THE MEDICATIONS LISTED BELOW.
- TYPE YOUR FIRST/LAST NAME TO INDICATE YOU ASSUME FINANCIAL RESPONSIBILITY FOR YOUR STUDENT’S MEDICAL CARE.
- CLICK “NEXT”

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▼ Health Office - Office Medications

I give permission to the School Nurse to give my child the appropriate dose of the following medications when needed.

Please Type name (first & last) in box for Signature.

IF YOU MARK YES TO ANY OF THE BELOW WE NEED YOUR SIGNATURE TO ADMINISTER. -->

No signature in box means none of these can be given to your student.

- ☐ Yes - Acetaminophen (Tylenol)
☐ No - Acetaminophen (Tylenol)
- ☐ Yes - Ibuprofen (Advil/Motrin)
☐ No - Ibuprofen (Advil/Motrin)
- ☐ Yes - Cough drops (provided by parent)
☐ No - Cough drops
- ☐ Yes - Antacid tablets (Tums)
☐ No - Antacid tablets (Tums)

If a medical emergency should arise, I agree to assume full financial responsibility for my child's medical care. I understand I am responsible for updating this information as needed.

Parent/Guardian Signature (Required)

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REVIEW CONCUSSION INFORMATION:

- READ THROUGH THE CONCUSSION INFORMATION.
- TYPE YOUR FIRST/LAST NAME TO INDICATE YOU UNDERSTAND THE INFORMATION.
- CLICK "NEXT"

By typing my name below, I agree that I have read and understand the Concussion Information.

Signature

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REVIEW RELEASE AGREEMENTS:

- READ EACH STATEMENT RELATED TO THE SCHOOL DIRECTORY, YEARBOOK, PHOTOS/VIDEOS, MILITARY RECRUITER (IF APPLICABLE).
- SELECT "YES" OR "NO" FOR EACH.
- SELECT THE CHECKBOX ACKNOWLEDGING YOU UNDERSTAND.
- CLICK "NEXT"

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Release Agreements

RELEASE OF INFORMATION AND PHOTOGRAPHS

The West Des Moines Community Schools (WDMCS) may use student information in various district publications and media under guidelines developed by the WDMCS. The Family Educational Right and Privacy Act (FERPA) requires that WDMCS designate certain personally identifiable information taken from students' educational records as "directory information." Objection to the release of directory information must be renewed annually.

Please indicate below if you give WDMCS permission to use your child's directory information.

School Directory
This will include student's and parent's name, grade level, home address, telephone number, and email address

☐ Yes - I consent for the School and/or District to use my child's name, photograph, or other directory information for the student directory.

☐ No

Yearbook
Student's name and photographs, grade level, participation in activities and/or athletics, dates of attendance, and awards received

☐ Yes - I consent for the School and/or District to use my child's name, photograph, or other directory information for the yearbook

☐ No

Photographs/Video
District and/or school publications; district/school websites and social media; and news media (television, newspapers, etc.)

☐ Yes - I consent for the School and/or District to take and/or use photos/videos for use with district and/or school publications; district/school websites and social media; and news media

☐ No

This objection to the release of directory information must be renewed annually. In addition, two federal laws require school districts receiving assistance under the Elementary and Secondary Education Act of 1965 (ESEA) to provide military recruiters, upon request, with three directory information categories—names, addresses, and telephone listings—unless parents have advised the school district that they do not want their student's information disclosed without their prior written consent.

Name, address and telephone number released to military recruiters.*

☐ Yes - I consent for the School and/or District to provide military recruiters my child's name, address, and telephone directory information.

☐ No

Appropriate district staff will be informed of the objection to release of information or photographs. If you need to amend your release of information status at any time, please contact your school.

☐ *

I acknowledge that in a virtual learning environment my child may be video recorded as they are learning virtually in one or all of the following virtual settings.

1:1 with a school employee
in a small group
in a large group of students

Recordings may be accessed by students absent for that instruction, for students to review information learned, or for staff to receive support on effective virtual instruction techniques.

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HANDBOOK

Because WDMCS is thoroughly reviewing all of our handbooks, we will not have them ready for families until August. Schools will communicate how you can access the 2023-24 handbooks later this summer.

NEXT STEPS:

After you hit "submit" you should be redirected back to our Tiger Enrollment page — <https://discover.wdmcs.org/tiger-enrollment>. This is where you will find links to bus registration, school supply lists, volunteer opportunities, and more.