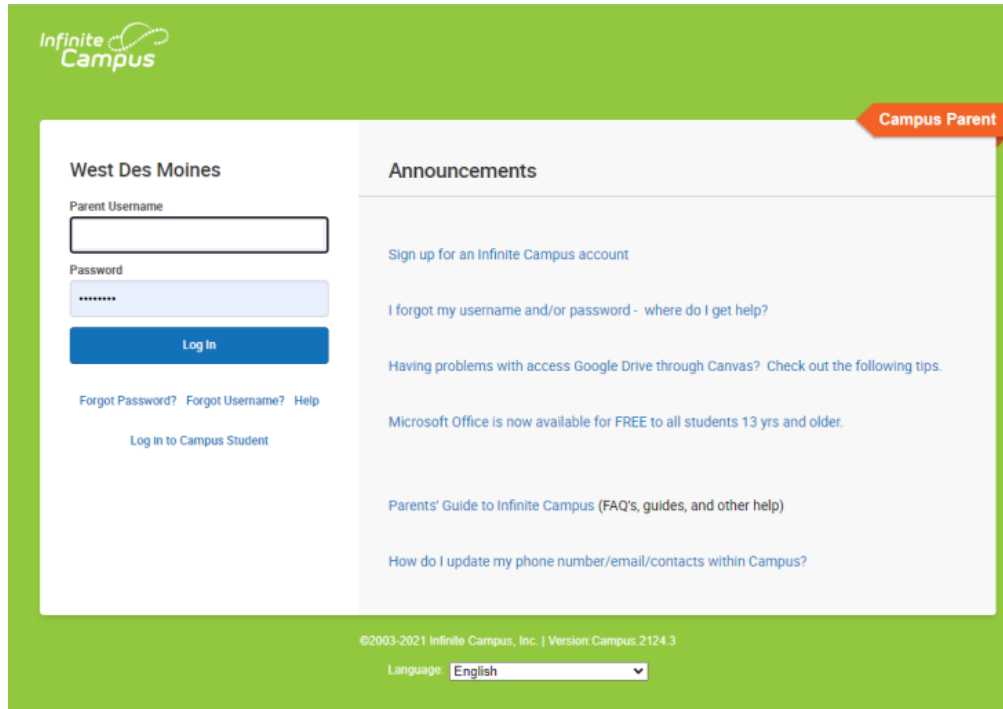


2022-23 WDMCS Online Enrollment Guide

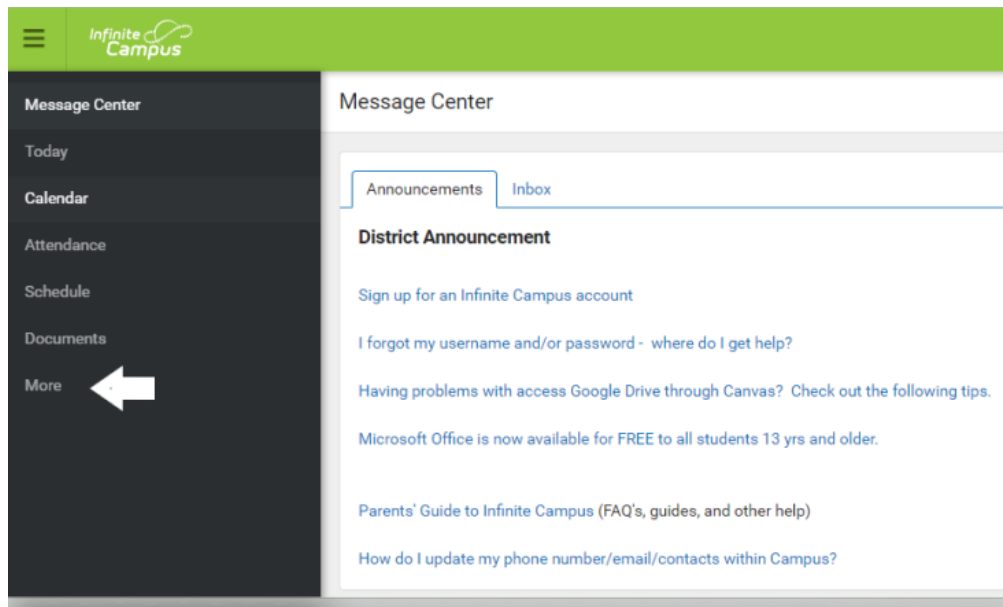
Infinite Campus Step-by-Step Instructions

LOG INTO YOUR PARENT INFINITE CAMPUS ACCOUNT.

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



CLICK "MORE" IN THE LEFT MENU




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Infinite Campus Step-by-Step Instructions

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
21-22 Attention, Current WDMCS Families—Info. About Adding New Students.,		Start
2022-2023 Attention, Current WDMCS Families—Info. About Adding New Students.,	IN PROGRESS	Continue
2022-2023 Existing Student Enrollment		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?
██████████	█	yes	Included	no

You will load into application number ██████ for existing student enrollment.

[Begin Enrollment](#)

2022-23 WDMCS Online Enrollment Guide

Infinite Campus Step-by-Step Instructions

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

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.

Begin Enrollment

2022-23 WDMCS Online Enrollment Guide

Infinite Campus Step-by-Step Instructions

DEMOGRAPHICS TAB

REVIEW DEMOGRAPHICS:

- PRIMARY HOUSEHOLD NUMBER
- ANSWER INTERNET ACCESS QUESTION FROM DROP-DOWN MENU
- ANSWER HOUSING SITUATION FROM DROP-DOWN MENU
- CLICK “NEXT”

The screenshot shows the 'Demographics' tab selected in the navigation bar. Below it, the 'Phone' section is expanded. The text reads: 'Contact preferences for emergencies, attendance, and other general communication to your phone is now managed in Blackboard. You can log into Blackboard at the link below or manage preferences on the WDMCS smartphone app. Website - [Blackboard Parent Link](#) To download the free app, go to Google Play or the Apple Store on your phone and look up "West Des Moines Community Schools." Primary Household Number [REDACTED]'. Below this, there are two questions: 'Which of the following best describes internet access at your home?' with a dropdown menu showing 'A. We have internet from MediaCom, CenturyLink, or a similar provider', and 'Please select the option that best represents your families current housing situation.' with a dropdown menu showing 'A. In a primary residence (owned or renting)'. A 'Next >' button is at the bottom left.

REVIEW HOME ADDRESS:

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

The screenshot shows the 'Demographics' tab selected in the navigation bar. Below it, the 'Home Address' section is expanded. The text reads: 'Your address as listed in the portal [REDACTED]'. Below this, there is a checkbox: '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 left, there are 'Previous <' and 'Next >' buttons.

2022-23 WDMCS Online Enrollment Guide

Infinite Campus Step-by-Step Instructions

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”

▼ Demographics Parent/Guardian Other Contacts Student Completed

▶ Phone

▶ Home Address

▼ 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".

The household has no separate Mailing Address

◀ Previous Next ▶

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”

▼ 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 05/02/2022 *

◀ Previous

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Infinite Campus Step-by-Step Instructions

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](#)

REVIEW PARENT/GUARDIAN DEMOGRAPHICS:

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

2022-23 WDMCS Online Enrollment Guide

Infinite Campus Step-by-Step Instructions

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

OR

Has no e-mail	<input type="checkbox"/>
Secondary Email	[REDACTED]

◀ Previous Next ▶

2022-23 WDMCS Online Enrollment Guide

Infinite Campus Step-by-Step Instructions

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

2022-23 WDMCS Online Enrollment Guide

Infinite Campus Step-by-Step Instructions

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

REVIEW OTHER CONTACT DEMOGRAPHICS:

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

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Infinite Campus Step-by-Step Instructions

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 [REDACTED]

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	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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Infinite Campus Step-by-Step Instructions

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 >](#)

2022-23 WDMCS Online Enrollment Guide

Infinite Campus Step-by-Step Instructions

REVIEW ENROLLMENT INFORMATION:

- SELECT “YES” OR “NO” FROM THE DROP-DOWN MENU TO CHOOSE IF THE STUDENT IS ENROLLING IN THE HOME SCHOOL PROGRAM.

▼ Enrollment Information

Are you enrolling for only our Home School Program? *

◀ Previous Next ▶

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

◀ Previous Next ▶

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.

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Infinite Campus Step-by-Step Instructions

- 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): *

TRANSPORTATION:

- SELECT “YES” OR “NO” IF YOUR STUDENT NEEDS BUS TRANSPORTATION.
- IF “YES”, SELECT FROM THE DROP-DOWN MENU IF YOU NEED A.M. ONLY, P.M. ONLY OR ROUND-TRIP
- CHECK WHICH QUARTERS YOU NEED TRANSPORTATION.
- CHECK IF A SECONDARY RESIDENCE IS NEEDED FOR PICK-UP OR DROP-OFF.

▼ **Transportation**

Does your student need busing? *

Route Requirements *

Check all that apply:

Quarter 1

Quarter 2

Quarter 3

Quarter 4

Pick up and drop off will default to the primary residence. If a secondary residence will be needed for pick up and drop off, please check this box:

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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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	1		<input type="checkbox"/>
[REDACTED]	[REDACTED]	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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”

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Infinite Campus Step-by-Step Instructions

The screenshot shows the 'Relationships - Emergency Contacts' form. At the top, there is a header with a dropdown arrow. Below the header, there are several input fields: 'Name' (with a redacted value), 'Relationship*' (a dropdown menu showing 'Doctor/Patient'), 'Contact Sequence*' (a dropdown menu showing '6'), a 'DR' label, and a checkbox labeled 'Person is no longer associated with this student'. Below these fields is a section titled 'Description of Contact Preferences' with two paragraphs of text. At the bottom left, there are two buttons: 'Previous' and 'Next'.

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' form. It contains several text input fields and dropdown menus. The fields are: 'Primary Care Provider (If you are new to the area and do not have a Primary Care Provider established yet, enter 'Not Established' in the Primary Care Providers name box. Once you have established a Primary Care Provider, please update that information with the school nurse)', 'Primary Care Phone', 'If needed, which hospital is preferred?', 'Dentist Name (If you are new to the area and do not have a Dentist established yet, enter 'Not Established' in the Dentist name box. Once you have established a Dentist, please update that information with the school nurse)', 'Dentist Phone Number', and 'My child is covered by: (Choose one below)'. At the bottom left, there are two buttons: 'Previous' and 'Next'.

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”

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Infinite Campus Step-by-Step Instructions

▼ Health Services - Medical or Mental Health Conditions

My student DOES NOT have any medical/mental health conditions or allergies to medication, food, bees, or environment

OR

Add Condition

Does student wear glasses or contacts?

- Yes - Does wear glasses/contacts
 No - Does not wear glasses/contacts

Does student have any activity restrictions? (Doctor's note required.)

- Yes - Student has activity restrictions with a Doctor's note
 No - Student does not have any activity restrictions

If yes, explain:

Upload Instructions

Please upload any detailed information or plan related to the health condition

Upload

← Previous Next →

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.
- CLICK “NEXT”

▼ Health Services - Medications

My child DOES NOT take any prescription medications

OR

Medication*	Where Taken*	Medication Type*	Comments and Instructions	Remove Medication
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="Remove Medication"/>

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.)

← Previous Next →

2022-23 WDMCS Online Enrollment Guide

Infinite Campus Step-by-Step Instructions

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”

▼ 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)

◀ Previous Next ▶

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

◀ Previous Next ▶

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Infinite Campus Step-by-Step Instructions

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”

▼ 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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2022-23 WDMCS Online Enrollment Guide

Infinite Campus Step-by-Step Instructions

REVIEW HANDBOOKS:

- CLICK ON THE APPROPRIATE HANDBOOK LINK THAT APPLIES TO YOUR STUDENT. YOU CAN DOWNLOAD THE HANDBOOK.
- TYPE YOUR FIRST/LAST NAME TO ACKNOWLEDGE YOU REVIEWED THE HANDBOOK.
- CLICK “SUBMIT”

▼ Handbook

Handbook Link -

High School Handbook-

<https://discover.wdmcs.org/hs-handbook>

Walnut Creek Handbook-

<https://discover.wdmcs.org/wcc-handbook>

Acknowledgement of Review - Please read below.

I acknowledge I have reviewed the West Des Moines Community Schools' annual notices and enrollment materials. The title of each document is listed below. This information is provided to families in accordance with state and federal laws.

All handbooks include the following board policies/legal notifications:

- Academic Suspension Appeal
- Access to Student Records
- Alcoholic Beverages - Possessing, Using, or Being Under the Influence Of (Board Policy 502.07A)
- Allegations of Abuse (Board Policy 503.02)
- Compulsory Attendance (Board Policy 501.06)
- Cooperation with Law Enforcement Officials Respecting the Rights of Our Students (Board Policy 502.10A)
- Cooperation with Law Enforcement - Immigration and Customs Enforcement (Board Policy 502.10B)
- Discipline (Board Policy 503.01)
- Equal Access by Student Groups (Board Policy 504.21)
- Equal Educational Opportunities: Prohibition of Discrimination, Harassment, Bullying, and Sexual Misconduct Towards Students (Board Policy 502.02) and Equity Statement (Board Policy 101.02)
- Freedom of Expression (Board Policy 502.05)
- General Complaints by Citizens (Board Policy 213.05)
- Open Enrollment
- Protection of Pupil Rights Amendment (PPRA)
- Release of Information and Photographs
- Public Conduct On School Premises (Board Policy 909)
- Prohibited Substances - Possessing, Using, or Being Under the Influence Of (Board Policy 502.07B)
- Search and Seizure (Board Policy 502.09)
- Student Wellness (Board Policy 608.01)
- Technology Use By Students (Board Policy 605.08)
- The Use, Sale, and Possession of Tobacco and Tobacco Products (Board Policy 502.06)
- Tobacco/Nicotine Free District
- Transportation Discipline (Board Policy 710.04)

By signing (typing your name) below, I acknowledge I have reviewed the West Des Moines Community School District's required annual notices, policies, enrollment materials, and directory information available in the district's Back-to-School Toolkit located on the district website.

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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 pay fees, school supply lists, volunteer opportunities, and more.