Infinite Online Registration English Welcome to Clinton County RESA's Online Registration Kiosk! Please select whether you are starting a new application or if you are returning to finish an existing application. * Start New Registration Return to Saved Registration Next	 Start a New Registration and fill out the below information with your name, DOB, and school email Select no to "previously attended this district" and complete the reCAPTCHA below Type your name into the box when prompted
Infinite Campus Online Registration English	
Registration Year 2025-2026 Student First Name * This field is required Student Last Name * Date of Birth (MM/DD/YYYY) * month/day/year School Email Address REQUIRED User@example.com Previously Attended this District *	
l'm not a robot	
Infinite Online Registration English * Indicates a required field	Application Number 1385 Application For 2025-2026
Welcome Test Test! Please type in your first and last name in the box below. By typing your name into the box below you attest that you are the person authenticated into this applie entering/verifying is accurate and true to the best of your knowledge. Type Your First and Last Name to Continue *	cation or an authorized user of this account, and the data you are

Infinite Contraction Campus Online Registration English			Application Number 1 Application For 2025-	385 2026
1	2	3	4	5
* Indicates a required field	Parent/Guardian	Emergency Contact	Student	Completed
O Primary phone				-
*				
Next >				
Home Address				+
Mailing Address				+
Save/Continue				

Primary phone					+
O Home Address					-
*Please verify or add the informat	ion below. Please update any informati	ion that is incorrect.			
Number * Prefix	Street *	Rd/St/Ave/etc	Direction	Apartment	
	▼		•		
City *	State *	Zip *	Ext.	County	
		▼			
Clear Address Fields					
< Previous Next >					



4. Fill out your phone and address information. If you have a PO Box (your mail is not delivered to your house) select yes on the dropdown and fill out the PO BOX number

Infinite Campus Online Registration					Application N Application Fe	umber 1385 or 2025-2026		
1	2		3		4		5	
Student(s) Primary Household * Indicates a required field	Parent/Guardian	Emergen	cy Contact		Student		Completed	
O Primary phone								+
Home Address								+
O Mailing Address								-
Do you have a P.O. Box? *					0			
Mail, please click "Save".	ter your address. You will se	ee the formatted po	stal address below	in the viewe	er. Once your a	idress appears as i	t should on U.S. Po	stal
Post Office Number * Prefix Box	Street *]	Rd/St/Ave/etc	Direct	tion	Apartment		
				•	•			
City *	State *		Zip *	Ext.		County		
		•						
Clear Address Fields								
< Previous								
Save/Continue								
Infinite Online Registration				Application Application	Number 1385 For 2025-2026			
\checkmark	2	3				5		
Student(s) Primary Household Pa * Indicates a required field	arent/Guardian	Emergency Contact		Student		Completed		
Parent/Guardian Name: Test Test								
O Demographics							-	
Enter the parent/guardian you wish to enter. Ple	ase review and complete the f	ollowing:						
Test								
Middle Name								
	Add Pa	arent/Guardian	×					
Last Name *	Please a	add any Parent/Guard	ian in this area					
littart	BE SURF	E TO ADD ALL PAREN	TS					
01/01/2020								
Gender *			Ok					
•								
Does this person live at the address listed below? *								
123 Sesame St Ovid, MI 48866								
Next >								
Contact Information							+	
Cancel Save/Continue								

Parent/Guardian Name: Mom Test	
O Demographics +	
• Contact Information –	
At least one Phone Number is required.	
Enter the contact information and how you'd prefer to receive the different types of messages we will send you.	
Cell Phone * (This field is required	
Work Phone (X	
Other Phone	
Email * email@test.org	
Secondary Email	
< Previous	
Cancel Save/Continue	
Contact Information	+
Cancel Save/Continue	

5. Add your guardians' information. If a parent lives at a different address than the one you entered, select 'No' to add another address. This is shown below.

Does this person live at th	ne address listed below?	r				
No	•					
123 Sesame St Ovid, MI 48866						
I will not provide an addre	ess for this parent.					
Please use the addres Mail, please click "Sav Please do not enter th Example: If you live at into the Street Name C	s editor below to ente e". e entire address into t 1234 East Sesame St Only field, and St shoul	r your address. You will see th ne street name field. reet, 1234 should be entered d be entered in the St,Ave,Blv	ne formatted post into the Street Nu d,etc. field.	tal address below umber field, E shou	in the viewer. Once you	r address appears as it should on U.S. Postal rst N,S,E,W field, Sesame should be entered
Number *	Prefix	Street *		Tag	Direction	Apartment
	•				•	
City *		State *		Zip *	Ext.	County
			▼			
Clear Address Fields]					

6. You can add more than one parent using the "add new parent" box

Infinite Campus Online Registration			Application Numbe Application For 202	r 1385 5-2026
	2	3	4	5
* Indicates a required field	Parent/Guardian	Emergency Contact	Student	Completed
Parent/Guardian				
Mom		Test	F	□
Add New Parent/Guardian				
Please list all primary Parent/Guardian	n's in this area.			
Save/Continue				

7. Add an emergency contact that is NOT your parent or guardian

Infinite Online Registration English Student(s) Primary Household * Indicates a required field	Parent/Guardian	3 Emergency Contact	Application Number 1: Application For 2025-2 4 Student	5 Completed
Emergency Contact				
		No records available.		
In order to help prevent the creation of o	duplicate records, please do n	not create new records in this section for	the following people:	
FULL NAME Mom Test	REASON	Already in this application	on as a Parent/Guardian	
IN AN EMERGENCY, if parent/guardian released to emergency contacts. At lea	cannot be contacted, please of standard standard standard in a standard s	call one of the following <u>Emergency Cont</u> s required.	acts listed. Proper identification	will be required before a student is
Please complete the following information First Name * Middle Name Last Name *	on for each emergency contac	ct for your students.		
Suffix Suffix Gender *				
Next >				
Contact Information				+
Cancel Save/Continue				

Infinite Campus Online Registration English			Application Number 1385 Application For 2025-2026	
\checkmark	\checkmark	3	4	5
Student(s) Primary Household * Indicates a required field	Parent/Guardian	Emergency Contact	Student	Completed
Contact Name: Friend Test				
O Demographics				+
O Contact Information				-
Enter the contact information for this emerge	ncy contact.			
At least one Phone Number is required.				
Primary Phone (X				
Email C Previous				
Cancel Save/Continue				
Infinite Campus Online Registration English			Application Number 1385 Application For 2025-2026	
			\bigcirc	
Student(s) Primary Household	Parent/Guardian	Emergency Contact	Student	Completed
Emergency Contact				
Friend		Test	F	\circ >
In order to help prevent the creation of d	uplicate records, please do not cr	eate new records in this section for the f	ollowing people:	
FULL NAME	REASON			
Mom Test		Already in this application as	a Parent/Guardian	
Add New Emergency Contact	connot be contacted places call a	no of the following Emergency Contacto	licted Draner identification will be	aquirad hafara a studant is
KAN EMERGENCE, IT parent/guardian of released to emergency contacts. At lease K Back Save/Continue	annot be contacted, please call o st 1 non-household contact is req	ne of the following emergency contacts uired.	nsteu. Proper ruentification will be f	<u>equireu perore a student is</u>

8. Add your information after you hit "save and continue" by clicking the "enter your information" button

Infinite Campus Online Registration English			Application Number 138 Application For 2025-202	5 26
\checkmark		\checkmark	4	5
Student(s) Primary Household	Parent/Guardian	Emergency Contact	Student	Completed
* Indicates a required field				
Student				
		SCHOOL		
		No records available.		
In order to help prevent the creation of	duplicate records, please do no	ot create new records in this section for	the following people:	
FULL NAME	REASON			
Mom Test		Already in this application	on as a Parent/Guardian	
Friend Test		Already in this application	as an Emergency Contact	
Enter Your Information				
Please include all students that need to	o be enrolled.			
< Back				
Infinite			Application Number 1 Application For 2025-2	385 2026
English				
	\checkmark	\checkmark	4	5
Student(s) Primary Household * Indicates a required field	Parent/Guardian	Emergency Contact	Student	Completed
Student Name: :				_
Are you currently attending a Career (Connections program?			
please choose an option *				
○ NO				
Next >				
Current Local High School				+
Demographics				+
Race Ethnicity				+
Relationships - Parent/Guardians				+
Relationships - Emergency Contacts				+
Student Services				+
				т
Cancel Save/Continue				

Select 'Yes' for current CTE students, and enter information

Infinite Construction Campus Online Registration English	Application Number 1 Application For 2025-2	385 2026
Student(s) Primary Household Parent/Guardian Emergency Contact * Indicates a required field	4 Student	5 Completed
Student Name: : O Career Connections Program		-
Are you currently attending a Career Connections program? please choose an option * YES NO Which Career Connections program are you currently in? * Which Career Connections program would you like to attend next year? * Which Career Connections program would you like to attend next year? *		
Next >		
Current Local High School		+
Demographics		+
Race Ethnicity		+
Relationships - Parent/Guardians		+
Relationships - Emergency Contacts		+
Vehicle Info		+
Cancel Save/Continue		

Select 'No' for first year CTE students and select what program interests you and session preference, if applicable.

Infinite Contraction Campus Online Registration English		Application Number Application For 2025	1385 -2026
Student(s) Primary Household Parent/Guardia * Indicates a required field	in Emergency Contact	4 Student	5 Completed
Student Name: : Career Connections Program			-
Are you currently attending a Career Connections program? please choose an option * YES NO Which program are interested in enrolling in? *			
Next >			
Demographics			+
Race Ethnicity			+
Relationships - Parent/Guardians			+
Relationships - Emergency Contacts			+
Student Services			+
Vehicle Info			+
Cancel Save/Continue			

Infinite Campus Online Registration English			Application Number Application For 2025	1385 -2026
Student(s) Primary Household * Indicates a required field	Parent/Guardian	Emergency Contact	4 Student	5 Completed
Student Name: :				
Career Connections Program				+
Current Local High School				-
Please enter information regarding your	current high school			
Are you currently suspended or expelled from	another school? *			
Demographics				+
Race Ethnicity				+
Relationships - Parent/Guardians				+
Relationships - Emergency Contacts				+
Student Services				+
Vehicle Info				+
Cancel Save/Continue				

Infinite Contraction Compus Online Registration		Application Number 1385 Application For 2025-2026	
Student(s) Primary Household Parent/Gua * Indicates a required field	ardian Emergency Contact	4 5 Student Completed	
Student Name: :			
Career Connections Program			+
Current Local High School			+
O Demographics			-
Please add your information below. Please enter your na Please enter both names without a dash in between.	me exactly as it appears on the birth certificate. If you have	re two last names, please enter both in the box marked "las	st name".
Legal First Name *	Legal Gender *	Enrollment Grade *	
	•	•	
Middle Name	Preferred Gender		
	•		
Legal Last Name *	Birth Date *		
	month/day/year		
Suffix			
•			
Preferred Name			
Student Cell Number *			
()			
School Email Address *			
< Previous Next >			

Infinite Contine Registration			Application Number 1385 Application For 2025-2026	
Student(s) Primary Household * Indicates a required field	Parent/Guardian	Emergency Contact	4 Student	5 Completed
Student Name: : Test Test				
Career Connections Program				+
Current Local High School				+
Oemographics				+
• Race Ethnicity				-
Is Hispanic/Latino * Please check all that apply. At least one race American Indian or Alaska Native Asian Black or African American Black or African American White Vhite Next >	below is required. *			
Relationships - Parent/Guardians				+
Relationships - Emergency Contacts				+
Student Services				+
Vehicle Info				+
Cancel Save/Continue				

Infinite Campus Online Registration English				Applicatio Applicatio	on Number 1385 on For 2025-2026		
Student(s) Primary Household * Indicates a required field	Parent/Guardian E	mergency Contac	t	4 Student		5 Complete	d
Student Name: : Test Test							
Career Connections Program							+
Current Local High School							+
Demographics							+
Race Ethnicity							+
Relationships - Parent/Guardians							-
At least one person must be marked at	s 'Guardian'. RELATIONSHIP *	GUARDIAN	MAILING	PORTAL	MESSENGER	SECONDARY HOUSEHOLD	CONTACT SEQUENCE *
MOM TEST]	<				•
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 to receive mailings for the student. Portal - Marking this checkbox will flag this person to receive messages from Clinton County RESA's messenger system. Secondary Household - Marking this checkbox will indicate that the student has a secondary household membership with this person. If the person chooses to not provide an address then the student cannot be in a secondary household with that 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 to sen ot 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 >							
Relationships - Emergency Contacts							+
Student Services							+
Vehicle Info							+
Cancel Save/Continue							

Add Emergency Contact relationship info and contact sequence

Infinite Campus Online Registration English	1		Application Number 13 Application For 2025-2	885 026
Student(s) Primary Household * Indicates a required field	Parent/Guardian	Emergency Contact	4 Student	5 Completed
Student Name: : Test Test				
Career Connections Program				+
Current Local High School				+
Demographics				+
🛇 Race Ethnicity				+
Relationships - Parent/Guardians				+
Relationships - Emergency Contacts				-
A minimum of (1) Emergency	Contacts are required			
NAME	RELATIONSHIP *	CONTACT SEQUENCE *		
FRIEND TEST	•	•		
Description of Contact Preference Contact Sequence - Adding a sequence of 1 and Emergency Cor No Relationship - Marking this che no longer has a relationship to the	S ence number on contacts will pror ntacts should also start at a seque ckbox will indicate that this person student. The relationship will be en	mpt district staff to contact these p nce of 1. n does not share a relationship to th nded if one exists.	ersons in the order that you specify. Par le student. By checking this checkbox yo	ent/Guardians should start with a ou are indicating that this person
< Previous Next >				
Student Services				+
Vehicle Info				+
Cancel Save/Continue				

Infinite Campus Online Registration English			Application Number Application For 2025	1385 -2026
Student(s) Primary Household	Parent/Guardian	Emergency Contact	4 Student	5 Completed
* Indicates a required field Student Name: : Test Test Career Connections Program				+
Current Local High School				+
Demographics				+
Race Ethnicity				+
Relationships - Parent/Guardians				+
Relationships - Emergency Contacts				+
Student Services				-
Do you have a current IEP? *				
Do you have a current 504 plan? *				
< Previous Next >				
Vehicle Info				+
Cancel Save/Continue				

Vehicle Info: add make, model, plate number if driving to CTE classes. If not driving, select 'No'.

\checkmark	\checkmark	\checkmark	4	5
Student(s) Primary Household	Parent/Guardian	Emergency Contact	Student	Completed
* Indicates a required field				
Student Name: : Test Test				
Career Connections Program				+
Current Local High School				+
Demographics				+
Race Ethnicity				+
Relationships - Parent/Guardians				+
Relationships - Emergency Contacts				+
Student Services				+
O Vehicle Info				-
Students driving to CCRESA Career C School, Ovid-Elsie High School, or De driver's license and will be issued the	connections programming and us Witt High School) are required to ir pass after all required informat	ing the parking lots where the respective register their vehicle(s). For this reason, ion has been received.	program is located (CCRESA A please provide the information	dministration Building, St. Johns High below. Students must have a valid
Do/Will you drive to a Career Connections	Program? *			
() NO				
Vehicle Make *				
Vehicle Model *				
Vehicle Color *				
Vehicle Plate Number *				
Is this vehicle the only vehicle you will be	driving to class? *			
○ N0				
< Previous				
Cancel Save/Continue				

Download a copy of your application if you wish, then select 'Submit'.

Infinite Campus Online Registration English	nite			385 2026
\checkmark				5
Student(s) Primary Household	Parent/Guardian	Emergency Contact	Student	Completed
* Indicates a required field				
PLEASE NOTE: Prior to submitting you information is not submitted until you You must submit your application by o Back Application Summary PDF	ur application you may verify all click the submit button above. clicking the following button.	of the data you have entered by going b You will receive an email notification tha	ack to the area in question or cli t your application was received a	ck on the PDF link below. Your after clicking submit application.