



# KenTon Online Registration System

FOR NEW FAMILIES



# WELCOME!

This guide is for NEW Parents/Guardians  
who do not yet have an Infinite Campus  
Parent Portal user account.

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Existing families must register using the Parent Portal. Please  
email [ICportal@ktufsd.org](mailto:ICportal@ktufsd.org) if you have forgotten your user  
account information.

Central Registration 716-871-2090





# NEW PARENT/GUARDIAN LOGIN PROCESS

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If you are a new parent/guardian enrolling a new student, and you do not yet have an Infinite Campus Parent Portal user account or any current students in the KenTon School District, please proceed with the following instructions.

You may start the enrollment process by clicking on the following link:

<https://kenmoreny.infinitecampus.org/campus/OLRLogin/kenton>

***\*\*\*Please Note: this process only works when using a desktop or laptop computer. After your initial registration, you will be able to use your mobile device and the Parent Portal app to view or make changes to your account.***



PLEASE FILL IN THE REQUIRED FIELDS TO CREATE YOUR PARENT ACCOUNT AND BEGIN THE REGISTRATION PROCESS. MAKE SURE TO SELECT THE CORRECT SCHOOL YEAR. CLICK **BEGIN REGISTRATION** WHEN READY.

Infinite  
**Campus** Online Registration

Please complete the information below to BEGIN the registration process.

Parent/Guardian First Name

Parent/Guardian Last Name

Registration Year

Parent/Guardian Email Address

Verify Email Address

Please check this box if any student being entered has attended a school in this district in the past.

Please type the letters you see displayed in the image below.



Begin Registration

YOU WILL RECEIVE AN  
**EMAIL** WITH A LINK FOR  
YOUR UNIQUE  
REGISTRATION SESSION.  
PLEASE CLICK ON THE  
LINK IN THE EMAIL TO  
PROCEED WITH THE  
REGISTRATION PROCESS.



YOU WILL NEED TO TYPE YOUR NAME IN THE BOX AS AN ELECTRONIC CERTIFICATION, AS WELL AS PROVIDE YOUR SIGNATURE. CLICK **SUBMIT** WHEN READY.

Welcome ! 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 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.

Please sign on the line below.

Clear

Submit



Application Number 4

**TAKE NOTE OF YOUR  
"APPLICATION  
NUMBER" IN CASE  
YOU NEED TO SAVE  
AND RETURN TO  
YOUR APPLICATION.**





CLICK **BEGIN** TO START THE NEW STUDENT ONLINE REGISTRATION PROCESS.



Application Number 3

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 (716) 871-2090 during business hours or leave a message and a representative will be back in touch with you the next business day.

## Attention!

**Make sure you have photos/scans of the following items:**

- Student's birth certificate/baptismal certificate/government ID with date of birth
- Photo of student
- Current immunization records and physical
- Photo ID of parent/guardian
- Two proofs of residency in the district (\*see website for acceptable proofs of residency\*)
- Academic record/transcript from previous school (if possible)
- Proof of custody, if applicable.

[Please click here for details on required documents](#)

Begin



YOU WILL NOTICE A PROGRESS ROW ACROSS THE TOP. EACH SECTION CONTAINS MULTIPLE TABS USED TO GATHER INFORMATION. PLEASE NOTE: THE SYSTEM WILL NOT ALLOW YOU TO SKIP OR MOVE AHEAD SECTIONS IF REQUIRED INFORMATION IS MISSING.

\* Indicates a required field

▼ Student(s) Primary Household

Parent/Guardian

Emergency Contact

Others in Household

Student

Completed

▼ Primary phone

Primary Phone

(920 )555 -5555 \*

Voice

Emergency



Attendance



Behavior



General



Teacher Private



Text(SMS)



Description of Contact Preferences

**Emergency** - Marking this checkbox will use this method of contact for emergency messages. **Warning: By un-checking this box you assume the risk of not being notified in case of an emergency.**

**Attendance** - Marking this checkbox will use this method of contact for attendance messages.

**Behavior** - Marking this checkbox will use this method of contact for behavior messages.

**General** - Marking this checkbox will use this method of contact for general school messages, such as those sent by the school or district.

**Teacher** - Marking this checkbox will use this method of contact for teacher-sent messages, including messages regarding failing grades and missing assignments.

**Private** - Mark if number should be listed as private

Next ▶

▶ Home Address

▶ Open Enrollment

▶ Mailing Address

Save/Continue

BEGIN BY  
ENTERING YOUR  
PRIMARY  
PHONE NUMBER  
AND CHOOSING  
CONTACT  
PREFERENCES.  
CLICK **NEXT**  
WHEN READY.



Enter the student's home address, upload required documents and click **Next**. Continue through all of the fields in the Student Primary Household section. When finished, click **Save/Continue** to go to the next section.

Infinite Campus Online Registration

Application Number 1

\* Indicates a required field

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

Primary Phone

Home Address

\*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, Blvd, etc. field.

Street Number	N,S,E,W	Street Name Only	St, Ave, Blvd, etc.	N,S,E,W	Apartment
123	▼	Main	St	▼	
City	State	Zip	Ext.	County	
TONAWANDA	NY	14150		Erie	

Clear Address Fields

Click on your address if it appears in box.

Your address as entered above.  
123 Main St  
TONAWANDA, NY 14150  
Erie

Please upload proof of residency (such as a most recent full utility bill, full lease agreement, mortgage, etc) to prove residence in the district. **This is required before your application can be processed**

Upload Proof of Residency 1

Please upload a different proof of residency (such as a most recent full utility bill, full lease agreement, mortgage, etc) to prove residence in the district. **This is required before your application can be processed**

Upload Proof of Residency 2

Previous

Save/Continue





In the Parent/Guardian section, please include ALL parents and guardians, including yourself, regardless of whether they live in the same household as the student.

Infinite Campus Online Registration

Application Number 1

\* Indicates a required field

✓ Student(s) Primary Household ▶ ▼ Parent/Guardian ▶ ✓ Emergency Contact ▶ ✓ Other Household ▶ ✓ Student ▶ ! Completed

Parent/Guardian Name: First Last

▼ Demographics

Enter the Parent/Guardian you wish to enter. Please review and complete the following:

First Name	First
Middle Name	
Last Name	Last
Suffix	▼
Birth Date	01/23/1975
Gender	Male
Marital Status	Single
Occupation	Plumber
Employer	Self-Employed

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

123 Main St  
TONAWANDA, NY 14150

Please upload Parent/Guardian photo ID. **This is required before your application can be processed**

Upload Photo ID

Next ▶

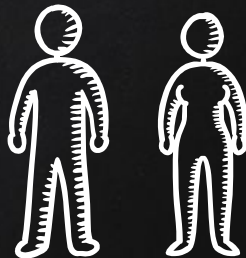
▶ Contact Information

▶ Migrant Worker

▶ Military Connections

Delete Cancel Save/Continue

Primary Parent/Guardian  
photo ID  
is required for  
registration



CONTINUE ENTERING INFORMATION IN ALL OF THE FIELDS OF THE PARENT/GUARDIAN SECTION. CLICK **NEXT** WHEN READY. CONTINUE THROUGH ALL OF THE TABS IN THE PARENT/GUARDIAN SECTION. WHEN FINISHED, CLICK **SAVE/CONTINUE** TO GO TO THE NEXT SECTION.

Infinite Campus Online Registration Application Number 1

\* Indicates a required field

✓ Student(s) Primary Household ▶ ▼ Parent/Guardian ▶ ✓ Emergency Contact ▶ ✓ Other Household ▶ ✓ Student ▶ ! Completed

Parent/Guardian Name: Other Last

▼ Demographics

Enter the Parent/Guardian you wish to enter. Please review and complete the following:

First Name	Other *
Middle Name	
Last Name	Last *
Suffix	▼
Birth Date	02/03/1974 *
Gender	Female *
Marital Status:	Single ▼ *
Occupation:	Homemaker *
Employer:	None *

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

123 Main St  
TONAWANDA, NY 14150

Please upload Parent/Guardian photo ID. **This is required before your application can be processed**

Upload Photo ID

Next ▶

▶ Contact Information

▶ Migrant Worker



YOU WILL NEED TO REPEAT THIS SECTION FOR ANY ADDITIONAL PARENTS/GUARDIANS.  
CLICK **SAVE/CONTINUE** WHEN READY.

\* Indicates a required field



### Parent/Guardian

First Name	Last Name	Gender	Completed	
TEST	TEST	F	✓	<a href="#">Edit/Review</a>

Please list all primary Parent/Guardian's 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](#)

AT LEAST ONE EMERGENCY CONTACT IS REQUIRED. DO NOT ENTER A PARENT OR GUARDIAN AS AN EMERGENCY CONTACT. CONTINUE THROUGH ALL OF THE FIELDS IN THE EMERGENCY CONTACT SECTION. WHEN FINISHED, CLICK SAVE/CONTINUE TO GO TO THE NEXT SECTION.

\* Indicates a required field

✓ Student(s) Primary Household > ✓ Parent/Guardian > ▼ Emergency Contact > ⓧ Others in Household > ⓧ Student > ⓧ Completed

Contact Name:

▼ Demographics

Please complete the following fields:  
Legal First Name  
Legal Middle Name  
Legal Last Name  
Suffix  
Birth Date  
Gender

Emergency Contact Information

Please enter Emergency Contacts. Do not enter Parent/Guardian(s) here if already entered in Parent/Guardian section.

Next >

Ok

► Contact Information

► Verification

Cancel

Save/Continue





PLEASE USE THE OTHERS IN HOUSEHOLD SECTION TO ENTER ANY CHILDREN IN YOUR HOUSEHOLD **WHO ARE NOT ATTENDING KTUFSD** (BIRTH TO AGE 21). WHEN FINISHED, CLICK **SAVE/CONTINUE** TO GO TO THE NEXT SECTION.

Infinite Campus Online Registration

Application Number 29

\* Indicates a required field

✓ Student(s) Primary Household > ✓ Parent/Guardian > ✓ Emergency Contact > ▼ Others in Household > Student > Completed

### Others in Household

First Name	Last Name	Gender
Please list all other children living in the Primary Household not currently enrolled in school (Birth to age 21).		
Yellow - Indicates that person is missing required information. Select the highlighted row to complete.		
✓ - Indicates that person is completed.		

Add New Household Member (Child not currently enrolled)

Back Save/Continue

Infinite Campus Online Registration

Application Number 8

\* Indicates a required field

✓ Student(s) Primary Household > ✓ Parent/Guardian > ✓ Emergency Contact > ▼ Others in Household > Student > Completed

### Name

Demographics

Legal First Name \*

Legal Middle Initial

Legal Last Name \*

Suffix

Birth Date \*

Gender \*

Census School Setting

Cancel Save/Continue



THE FINAL SECTION IS THE STUDENT SECTION. HERE YOU WILL ENTER THE FOLLOWING:

- DEMOGRAPHICS
- RACE/ETHNICITY
- PROGRAM PARTICIPATION
- LANGUAGE INFORMATION
- PREVIOUS SCHOOL (IF APPLICABLE)
- RELATIONSHIPS TO CONTACTS
- HEALTH INFORMATION
- RELEASE AGREEMENTS



YOU WILL NEED TO COMPLETE THIS SECTION FOR EACH STUDENT BEING ENROLLED.

CLICK **NEXT** WHEN READY.



CONTINUE THROUGH ALL OF THE FIELDS IN THE STUDENT SECTION. WHEN FINISHED, CLICK **SAVE/CONTINUE** TO GO TO THE NEXT SECTION.

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.

Legal First Name	<input type="text"/>	Gender	<input type="text"/>	Type of School Enrollment:	<input type="text"/>
Legal Middle Name	<input type="text"/>	Birth Date	<input type="text"/>	Enrollment Grade	<input type="text"/>
or		Birth Country	<input type="text"/>		
Has no middle name	<input type="checkbox"/>	Foreign Exchange*			
Legal Last Name	<input type="text"/>	<input type="radio"/> Yes, this is a foreign exchange student.			
Suffix	<input type="text"/>	<input type="radio"/> No, this is not a foreign exchange student.			
Nickname	<input type="text"/>				
Student Cell Number	<input type="text"/>				
Student Email Address	<input type="text"/>				

Please upload Student's birth certificate/baptism certificate/government ID with date of birth. **This is required before your application can be processed**

Upload Birth Certificate

Please upload a photo of the student.

Upload Photo

Next >

- > Race Ethnicity
- > Housing
- > Student Services
- > Language Information
- > Relationships - Parent/Guardians
- > Relationships - Emergency Contacts
- > Health Services - Emergency Information
- > Health Services - Medical or Mental Health Conditions
- > Health Services - Medications
- > Legal
- > Release Agreements

Cancel Save/Continue



REPEAT THIS SECTION FOR ANY ADDITIONAL STUDENTS. WHEN FINISHED, CLICK **SAVE/CONTINUE** TO MOVE TO THE COMPLETED SECTION.

\* Indicates a required field

✓ Student(s) Primary Household > ✓ Parent/Guardian > ✓ Emergency Contact > ✓ Others in Household > ▼ Student > Completed

## Student

First Name	Last Name	Gender	Completed	
Little	Test	F	✓	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



YOU CAN REVIEW ALL OF THE INFORMATION YOU HAVE ENTERED BY CLICKING ON A SECTION, OR BY SELECTING THE APPLICATION SUMMARY PDF.



\* Indicates a required field

✓ Student(s) Primary Household > ✓ Parent/Guardian > ✓ Emergency Contact > ✓ Others in Household > ✓ Student > ▼ Completed

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 you application was received after clicking submit application.

Back

[Application Summary PDF](#)



ONCE YOU HAVE  
VERIFIED THAT ALL  
INFORMATION IS  
CORRECT, CLICK THE  
RED **SUBMIT**  
BUTTON ON THE  
COMPLETED PAGE.





## Registration Complete!

Thank you! You have now completed the online registration process for NEW families. You will receive an email shortly confirming receipt of your registration. After office personnel have had a chance to review your application, **you will receive another email** regarding the application's approval.

**NOTE: You will need to provide your student's birth certificate and immunizations, your photo ID, and 2 proofs of KenTon residency prior to your application's approval.**

For school registration dates and times, and related registration information, please visit our district website: <https://www.ktufsd.org>





THANK YOU!

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Any questions?

Please contact our District Registrar  
[central\\_registration@ktufsd.org](mailto:central_registration@ktufsd.org)  
716-871-2090