

Please use this step-by-step guide to complete the FVCC registration process. Note that these are example answers only. Your student's information will be different from our John Doe example.

Please complete the information below to begin the registration process.

Registration Year

2025 - 2026 Fox Valley Career Center Online Registration

Parent/Guardian First Name \*

Mary

Parent/Guardian Last Name \*

Doe

Parent/Guardian Email Address \*

11567@kaneland.org

Verify Email Address \*

11567@kaneland.org

Has any student being entered attended a school in this district in the past? \*

No

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



gcdpe

Begin Registration

All non-KHS students  
will choose 'No'

Dear Mary Doe,

Welcome to the Fox Valley Career Center Online Registration platform. 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** -- phone numbers.

If you can't finish the registration process all in one sitting that is okay. You can save it and come back later by clicking the link at the bottom of the email.

*\*\*\*Fox Valley Career Center Applicants - Please Note: You do not need proof of residency or immunizations. You can skip the areas that ask for upload. Scroll to the bottom of the text to begin the registration process. If you need to contact Fox Valley the information is below, just above the begin button.*

**Application Number:** 4107

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.

**Note:** If you have any technical questions please call (630)466-5400. If you have enrollment questions please contact Fox Valley Career Center listed below.

<b>Fox Valley Career Center</b>
47W326 Keslinger Rd Maple Park, IL 60151 Phone: (630) 365-5113 Fax: (630) 365-9088

**Application Number:** 4107

Please click the link below to begin the registration process.

<https://kanelandil.infinitecampus.org/campus/OLRLoginEmail/kaneland302?appGUID=427B8E27-1B45-477E-BC3F-1CEDCDA12972>

This email will show up in your inbox.  
Please click the link at the bottom of  
the email.



English

\* Indicates a required field

Application Number 4107  
Application For 2025 - 2026 Fox Valley Career Center  
Online Registration

Welcome Mary Doe! 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.

Type Your First and Last Name to Continue \*

Submit

Welcome to the Fox Valley Career Center New Families Infinite Campus Online Registration. Before you begin, please gather the following:

**Household information** -- address and phone numbers, proof of residency

**Parent information** -- work and cell phone numbers, email addresses

**Student information** -- demographic, birth certificate 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 have any technical questions please call (630)466-5400. If you have enrollment questions please contact the school listed below that your student will be attending.

**Fox Valley Career Center**

47W326 Keslinger Rd Maple Park, IL 60151

Phone: (630) 365-5113 Fax: (630) 365-9088

Please Click the [Begin](#) button below to start your registration.

Begin

English

1

Student(s) Primary Household

2

Parent/Guardian

3

Emergency Contact

4

Student

5

Completed

\* Indicates a required field

✔ Primary Phone

Primary Phone \*

(630)356-5113

Contact Preferences

	EMERGENCY	HIGH PRIORITY	ATTENDANCE	BEHAVIOR	GENERAL	TEACHER
VOICE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
TEXT(SMS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Description of Contact Preferences:

**Emergency** - Marking this checkbox will use this method of contact for emergency messages.

**High Priority** - Marking this checkbox will use this method of contact for messages labeled as High Priority Notification.

**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.

**Food Service**

**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

+

Mailing Address

+

Save/Continue

English



\* Indicates a required field

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
47W326 Kesli	▼	47W326 Keslinger Rd	▼	▼	
City *	State *	Zip *	Ext.	County	
Maple Park	ILLINOIS ▼	60151		IL	

Clear Address Fields

< Previous

Next >

Mailing Address +

Save/Continue

English

1

Student(s) Primary Household

2

Parent/Guardian

3

Emergency Contact

4

Student

5

Completed

\* Indicates a required field

✔ Primary Phone

+

✔ Home Address

+

✔ Mailing Address

-

Does this household receive mail at a different address? \*

No ▼

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Save/Continue



## Parent/Guardian Name: Mary Doe

### Demographics

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

First Name \*

Mary

Middle Name

Last Name \*

Doe

Suffix

Birth Date \*

10/08/2024



Gender \*

Female

I am registering myself as an emancipated or unaccompanied minor. \*

No

Does this person live at the address listed below? \*

Yes

47W326 Kesli 47W326 Keslinger Rd  
Maple Park, IL 60151

Next >

### Contact Information

Cancel

Save/Continue

At least one Phone Number is required.

Cell Phone

(630)356-5113

Work Phone

( ) - - X

Other Phone

( ) - - X

Email

11567@kaneland.org

Secondary Email:

11567@kaneland.org

Contact Preferences							
	EMERGENCY	HIGH PRIORITY	ATTENDANCE	BEHAVIOR	GENERAL	TEACHER	PRIVATE
VOICE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(SMS)TEXT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Contact Preferences						
EMERGENCY	HIGH PRIORITY	ATTENDANCE	BEHAVIOR	GENERAL	TEACHER	PRIVATE
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Contact Preferences						
EMERGENCY	HIGH PRIORITY	ATTENDANCE	BEHAVIOR	GENERAL	TEACHER	PRIVATE
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Description of Contact Preferences:

**Emergency** - Marking this checkbox will use this method of contact for emergency messages.

**High Priority** - Marking this checkbox will use this method of contact for messages labeled as High Priority Notification.

**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.

**Food Service** - Marking this checkbox will use this method of contact for food service messages.

**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 or email should be listed as private.

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Cancel

Save/Continue



Student(s) Primary Household



Parent/Guardian

3

Emergency Contact

4

Student

5

Completed

\* Indicates a required field

### Contact Name: Bill Doe

#### Demographics

Please complete the following information for each Emergency Contact for your students.

First Name \*

Bill

Middle Name

Last Name \*

Doe

Suffix

Gender \*

Male

Next >

Contact Information

Cancel

Save/Continue

English



Student(s) Primary Household



Parent/Guardian



Emergency Contact



Student



Completed

\* Indicates a required field

Contact Name: Bill Doe

Demographics



Contact Information



Enter the contact information for this Emergency Contact.

At least one Phone Number is required.

Home Phone

(630)356-5113

Cell Phone

( ) - -

Work Phone

( ) - - x - -

Email

11567@kaneland.org

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Cancel

Save/Continue



Student(s) Primary Household



Parent/Guardian



Emergency Contact



Student



Completed

\* Indicates a required field

## Emergency Contact

FIRST NAME	LAST NAME	GENDER	COMPLETED
Bill	Doe	M	COMPLETED

In order to help prevent the creation of duplicate records, please do not create new records in this section for the following people:

FULL NAME	REASON
Mary Doe	Already in this application as a Parent/Guardian

Add New Emergency Contact

In AN EMERGENCY, if parent/guardian cannot be contacted, please call one of the following Emergency Contacts listed. Proper identification will be required before a student is released to emergency contacts.

The maximum number of Emergency Contacts is 5

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Save/Continue



Student(s) Primary Household



Parent/Guardian



Emergency Contact



Student



Completed

\* Indicates a required field

## Student

FIRST NAME	LAST NAME	GENDER	SCHOOL	COMPLETED
No records available.				

In order to help prevent the creation of duplicate records, please do not create new records in this section for the following people:

FULL NAME	REASON
Mary Doe	Already in this application as a Parent/Guardian
Bill Doe	Already in this application as an Emergency Contact

Add New Student

Please include all students that need to be enrolled.

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Student Name: : John Doe

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.

Legal First Name \*

John

Gender \*

Male

Legal Middle Name

Birth Date \*

10/16/2024

Legal Last Name \*

Doe

Date Entered U.S.

month/day/year

Suffix

Nickname

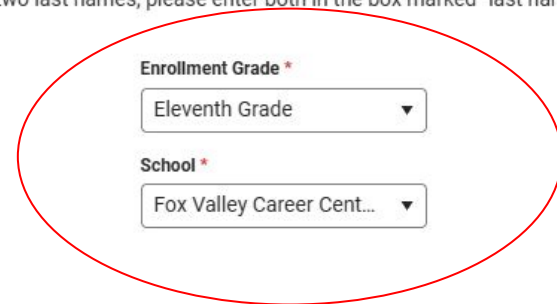
Student Cell Number

( ) - -

Student Email Address

Next >

Race Ethnicity



You MUST choose tenth, eleventh, or twelfth grade.

You MUST choose Fox Valley Career Center!

+

**Student Name: : John Doe**

✔ Demographics

✔ Race Ethnicity

Is Hispanic/Latino \*

No ▼

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**

**Middle Eastern or North African**

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Student(s) Primary Household



Parent/Guardian



Emergency Contact



Student



Completed

\* Indicates a required field

**Student Name: : John Doe**

Demographics +

Race Ethnicity +

Housing -

Yes, this student is homeless.

No, this student is not homeless.

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Student Services +

Language Information +

Previous School +

Relationships - Parent/Guardians +

Relationships - Emergency Contacts +

FVCC New to District Student Course Requests +

Release Agreements +

Cancel

Save/Continue



Student(s) Primary Household



Parent/Guardian



Emergency Contact



Student



Completed

\* Indicates a required field

**Student Name : John Doe**

- ✔ Demographics +
- ✔ Race Ethnicity +
- ✔ Housing +
- ✔ Student Services -

Does your student have a current IEP? \*

Does your student have a current 504 plan? \*

Has your student previously received gifted/talented services? \*

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Next >

- Language Information +
- Previous School +
- Relationships - Parent/Guardians +
- Relationships - Emergency Contacts +
- FVCC New to District Student Course Requests +
- Release Agreements +

Cancel

Save/Continue

Please enter the Home Language Survey Information for your student below.

#### HOME LANGUAGE INFORMATION

The state requires the district to collect a Home Language Survey for every new student enrolling in the district. Requirement per 23 Illinois Administrative Code [Section 228.10 (Definition) and 228.15 (Identification of Eligible Students)]. \*\*Home Language means the language normally used in the home by the student (and/or by the student's parents or legal guardians)." (for example, parents, siblings only speak Spanish in the home, student does not have resources to utilize or practice the English language) Hearing another language on the tv or radio a few times, or saying only a few words in another language from a friend or family member, does not count. If a student is not new, and transferred from another local district, a new HLS will be required upon registration, however, if records show student requires ESL services, the student will automatically be placed within the ESL program, unless family refuses.

Is a language other than English spoken in your home? \*

No ▼

Does your child speak a language other than English? \*

No ▼

Parent/Guardian Language \*

English ▼

What was the first language spoken by the student? \*

English ▼

What is the language most often spoken at home with siblings? \*

English ▼

What is the language most often spoken by the student with friends? \*

English ▼

Which language does the student use most often with relatives? \*

English ▼

ELL at another school? \*

No ▼

EL Which Program \*

Dual Language ▼

Will you need an interpreter? \*

This page should have fewer options than the example shown here. The only required question is if you are in an ELL program.

Please enter information regarding this student's prior schools.

**Last Year**

School

City

State

Country

Phone

Is your student currently suspended or expelled from another school? \*

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Please notice there is only one asterisk question. You only need to answer the expulsion question.

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

NAME	RELATIONSHIP *	GUARDIAN	MAILING	PORTAL	MESSENGER	SECONDARY HOUSEHOLD	CONTACT SEQUENCE *
MARY DOE	Mother	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		1

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.

**Messenger** - Marking this checkbox will flag this person to receive messages from the District's messenger system.

**Secondary Household** - Marking this checkbox will indicate that the student has a secondary household membership with this person.

**Contact Sequence** - Adding a sequence number on contacts will prompt District staff to contact these persons in the order that you specify. Parent/Guardians should start with a sequence of 1 and Emergency Contacts 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.

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Next >

A minimum of ( 1 ) Emergency Contacts are required

NAME	RELATIONSHIP *	CONTACT SEQUENCE *
BILL DOE	Father ▼	2 ▼

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.

**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.

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Next >

New to the district FVCC Students, please choose at least one course choice. You have the option to choose two courses if you'd like to choose more than one. Otherwise, Please choose your first course and then an alternate course.

**Choose your first course**

Auto Technology I ▼

**If needed, choose second course**

PC Repair & Comp Sci. ▼

**Choose an alternate course for your first course**

EMT - Emergency Med... ▼

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Next >

Release Agreements



**Media**

- Yes - I give permission for my child to participate in any public or school media publication.
- No - I do not consent to the School and/or District's use of my child's photograph, voice and/or name in various media projects.

**Field Trip**

- Yes - I consent for my child to participate in School and/or District approved field trips
- No - I do not consent for my child to participate in School and/or District approved field trips.

**Approval of medical treatment if student is injured**

- Yes - I approve medical treatment for my student if they are injured while under the care of Fox Valley Career Center
- No - I do not approve medical treatment for my student if they are injured while under the care of Fox Valley Career Center

**Release of Student Award/ Honor information**

- Yes - I approve the release of award/honors information to the public
- No - I do not approve the release of award/honors information to the public

**Students Type Your Full Name \***

Students, type your name in the textbox. This will act as your signature and acknowledgement of the Student Handbook, Technology Acceptable Use Policy, Field Trip and Student Media Release.

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Cancel

Save/Continue





Student(s) Primary Household



Parent/Guardian



Emergency Contact



Student



Completed

\* Indicates a required field

## Student

FIRST NAME	LAST NAME	GENDER	SCHOOL	COMPLETED
John	Doe	M	Fox Valley Career Center	COMPLETED

In order to help prevent the creation of duplicate records, please do not create new records in this section for the following people:

FULL NAME	REASON
Mary Doe	Already in this application as a Parent/Guardian
Bill Doe	Already in this application as an Emergency Contact

Add New Student

Please include all students that need to be enrolled.

< Back

Save/Continue



Student(s) Primary Household



Parent/Guardian



Emergency Contact



Student



Completed

\* Indicates a required field

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.

You must submit your application by clicking the following button.

[Back](#)

[Application Summary PDF](#)

[Submit](#)



English

Application Number 4107  
Application For 2025 - 2026 Fox Valley Career Center  
Online Registration

Thank you for completing Online Registration! For a PDF copy of the submitted data, please click the link below.

[Application Summary PDF](#)