

Data Confirmation instructions for parents

Click to begin

Click to begin

You have not yet completed the Student Data Confirmation Process. Click Here to confirm the information about your student.

Welcome to the Parent Portal for [Student Name]

Name	Per Teacher	% Avg	Current Mark	Trend	Missing Assign	Past 5 Day's Att	Last Updated
[Student Name]	[Value]	[Value]	[Value]	[Value]	[Value]	[Value]	[Value]

Student	Grade	School
[Student Name]	7	Serrano Int Sch

Sign Up to receive weekly status updates for these students

Message and "Click Here" will only display during the requested data confirmation window (re-registration).

Each tab must be selected to complete the process

Student Data Confirmation

StuNum	Last Name	First Name	Middle Name	Perm ID Num	Sex	Grd
[Student Name]	[Last Name]	[First Name]	[Middle Name]	[Perm ID Num]	F	7

Welcome to Aeries Internet Re-registration for the 2013-2014 school year.

Student Demographics | Contacts | Medical Information | Authorizations and Prohibitions | Documents | Final Data Confirmation

Click each tab above to access and modify information. The "Authorizations and Prohibitions" tab is not used for SVUSD Data Confirmation

Student Demographics tab

https://familyportal.svUSD.org/parentportal/ParentDataConfirmation.aspx

School

Home Student Info Attendance Grades

Student Data Confirmation

StuNum	Last Name	First Name	Middle Name	Perm ID Num	Sex	Grd
					F	7

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Field	Data	Notes
Parent/Guardian		This field is used to address mailings from the school.
Mailing Address		Changes to this information will NOT be saved in the system. Instead, the new information will be emailed to the school and the school will contact you for additional information.
Telephone Number		This is your primary home telephone number.
Father's Work		
Mother's Work		
Parent Highest Education Level		

Change

Parents can not change their address.

Contacts tab

https://familyportal.svUSD.org/parentportal/ParentDataConfirmation.aspx

Student Data Confirmation

StuNum	Last Name	First Name	Middle Name	Perm ID Num	Sex	Grd
					F	7

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Name	Address	Relation
Your info here		Father
		Mother
		Grandfather
		Friend/Neighbor

Field	Data	Notes
Name		This field is used
Name Prefix		
Last Name		
First Name		
Middle Name		
Name Suffix		
Address		
Lives With Student?		
Mail Tag		
Telephone Number		
Work Phone		
Cell Number		
Pager		
Email Address		
Employer Name		
Employer Location		

Change Add

Emergency contact information can be modified and new contacts can be added.

Medical Information tab

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Please contact school if condition(s) require Emergency Care Plan (ECP).

Condition	Effective Date	Age	Grade	Comment
Save				
Additional Conditions Please Check All That Apply				
<input type="checkbox"/> Allergic To All Nuts	<input type="checkbox"/> Cancer, Leukemia, Lymphoma	<input type="checkbox"/> Orthopedic Problems		
<input type="checkbox"/> Allergic To All Peanut Products	<input type="checkbox"/> Catheterization- (SPHC) Specialized Care Plan	<input type="checkbox"/> Oxygen Administration - (ECP) Emerg. Care Plan		
<input type="checkbox"/> Allergic To Bee, Ants, Insect Or Spider Bites	<input type="checkbox"/> Chemotherapy	<input type="checkbox"/> Seizures - Absence / Petit Mal		
<input type="checkbox"/> Allergic To Dairy (Milk) Products	<input type="checkbox"/> Diabetic - Type 1- (ECP) Emerg. Care Plan	<input type="checkbox"/> Seizures - Complex Partial		
<input type="checkbox"/> Allergic To Eggs	<input type="checkbox"/> Diabetic - Type 1 - Glucagon - (ECP) Emerg. Care Plan	<input type="checkbox"/> Seizures - Diastat Protocol - (ECP) Emerg. Care Plan		
<input type="checkbox"/> Allergic To Foods - See Health File	<input type="checkbox"/> Diabetic - Type 1 - Insulin Pen - (ECP) Emerg. Care Plan	<input type="checkbox"/> Seizures - Grand Mal - (ECP) Emerg. Care Plan		
<input type="checkbox"/> Allergic To Gluten, Wheat, Caseins	<input type="checkbox"/> Diabetic - Type 1 - Insulin Pump - (ECP) Emerg. Care Plan	<input type="checkbox"/> Seizures - Standard 1st Aid ONLY		
<input type="checkbox"/> Allergic To Seafood Or Shellfish	<input type="checkbox"/> Diabetic - Type 2	<input type="checkbox"/> Seizures - VNS Implant - (ECP) Emerg. Care Plan		
<input type="checkbox"/> Asthma	<input type="checkbox"/> G-Tube Feeding/ Replace - (SPHC) Specialized Health Care	<input type="checkbox"/> Shunt - (ECP) Emerg. Care Plan		
<input type="checkbox"/> TWINJECT AT SCHOOL - (ECP) Emerg. Care Plan	<input type="checkbox"/> Hearing Loss Severe	<input type="checkbox"/> Solu Cortef Injections- Adrenal Insufficiency		
<input type="checkbox"/> Asthma - Severe	<input type="checkbox"/> Heart Condition - Serious, Surgery, Pacemaker	<input type="checkbox"/> Stroke - See Health File		
<input type="checkbox"/> EPI PEN AT SCHOOL - (ECP) Emerg. Care Plan	<input type="checkbox"/> Immune Deficiency / Suppressed	<input type="checkbox"/> SPHC: Oral/ Trach Suctioning		
<input type="checkbox"/> Bleeding Disorder:Hemophilia / Von Willebrand's	<input type="checkbox"/> Medication Taken At School	<input type="checkbox"/> Vision Loss Severe		
Save				

Update any info by clicking by "condition" then click Save

Medical conditions (listing from Aeries Student Information System) can be added or edited.

Documents tab

Welcome to Aeries Internet Re-registration for the 2013-2014 school year.

Student Demographics | Contacts | Medical Information | Authorizations and Prohibitions | **Documents** | Final Data Confirmation

Documents with checkboxes must be reviewed and signed.

Documents	
<p> Annual Notification To Parents/Guardians I verify that my child and I have read and agree to The Annual Notification To Parents/Guardians.</p> <p>Notificación Anual a los Padres Certifico que mi hijo(a) y yo hemos leído y entendido La Notificación Anual a los Padres.</p>	<input type="checkbox"/>
Behavior Consequences 13-14.pdf	<input type="checkbox"/>
Dress Code 13-14.pdf	<input type="checkbox"/>
Medication Administration Authorization	<input type="checkbox"/>
McKinney-Vento Assistance Act	<input type="checkbox"/>

Documents' tab will contain site specific documentation. Documents can be required or optional, as needed. Required documents will be identified with a check box. Box must be checked to complete the data confirmation process.

Final Data Confirmation tab

Student Demographics | Contacts | Medical Information | Authorizations and Prohibitions | Documents | **Final Data Confirmation**

Please remember to print and save each document.

PLEASE CONFIRM THAT THE INFORMATION ON THE PREVIOUS TABS IS CORRECT

Student Demographics

Contacts

Medical Information

Authorizations and Prohibitions

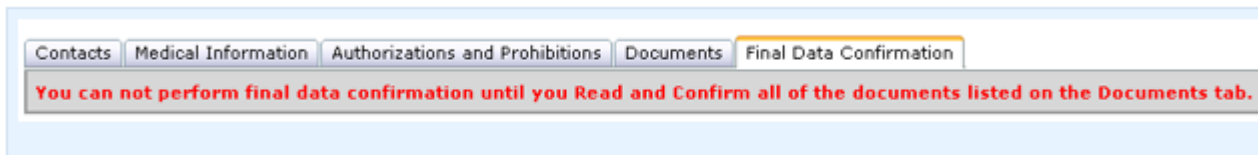
Save

Click each box to confirm that parent / student is correct.

Click Save

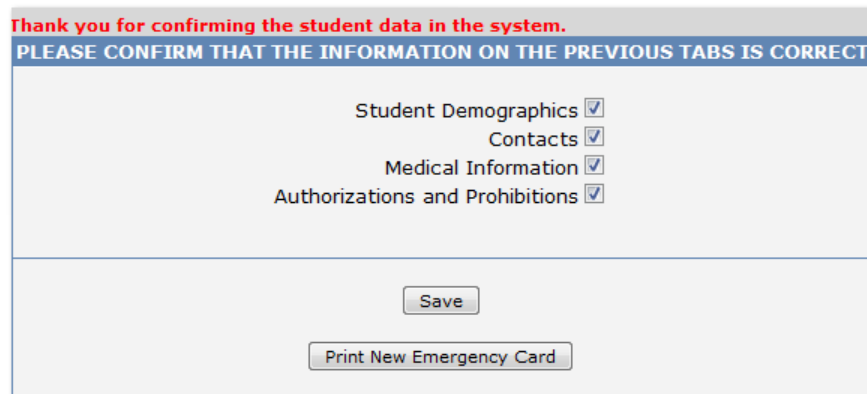
Each box must be checked and the Save button must be selected in order to complete the data confirmation process

Final Data Confirmation error



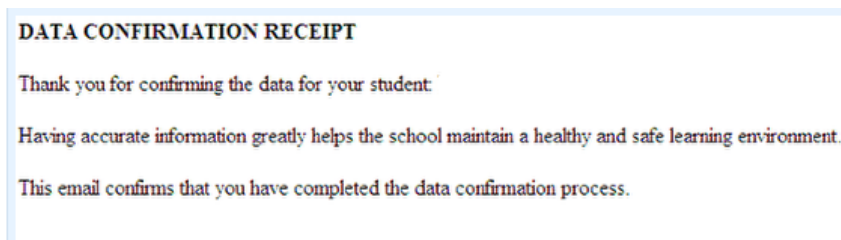
If each box is not checked and the Save button is not selected, parent will be unable to complete the data confirmation process and will receive above error message.

Print New Emergency Card



Schools have the option to have parents print New Emergency Card

Data Confirmation Receipt



Parents will receive the above email message and a time and date stamp will be submitted to the Information Confirmation Status report.