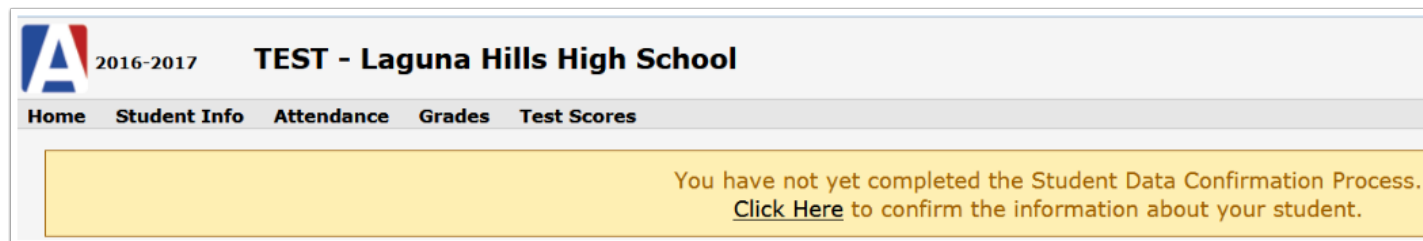
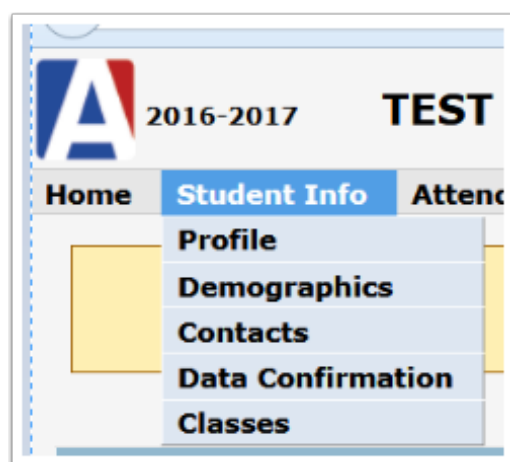


Data Confirmation (On-line Re-Registration)

Student Data Confirmation Process message displays upon log in



[Click Here](#) to confirm the information about your student



Data Confirmation will only display during site specified days
Click on each section to complete data confirmation process.

- ✓ Family Information
- ✓ Student
- ✓ Contacts
- ✓ Medical History
- 5 Documents
- 6 Authorizations
- 7 Final Data Confirmation

Please review and update your information on each of the numbered tabs 1-7 (left side menu).
Select the 'Confirm and Continue' button to proceed to the next item. For changes other than those on tabs 1-7, please contact your school office.

Medical History









Medical Information updates will be emailed directly to school office and/or health office.

Medical History and Current Medical Conditions					
Condition	Effective Date	Age	Grade	Comment	
Allergic To All Nuts	05/30/2017	16	11		<input type="button" value="No Longer Applies"/>
<input type="button" value="Save"/>					
Additional Conditions Please Check All That Apply					
<input type="checkbox"/> Allergic To All Peanut Products	<input type="checkbox"/> Catheterization- (SPHC)	<input type="checkbox"/> Oxygen Administration - (ECP)			

Authorizations and Prohibitions tab

Authorizations and Prohibitions Description	Status
<p>Student Media Release Press television, other digital and print news media; District, school, and public web sites (information concerning participation in athletics, activities, the winning of honors and awards, and other such information); District and school social media.</p>	<input checked="" type="checkbox"/> Allow <input type="checkbox"/> Deny
<p>Grant my child permission to access the Internet / SVUSD Network</p>	<input checked="" type="checkbox"/> Grant <input type="checkbox"/> Deny

Documents tab

<p> Annual Notification To Parents/Guardians / Para E **REQUIRED** Please click for The Annual Notificati Parents/Guardians / **NECESARIO** Para Espanol L Notificación Anual a los Padres</p>
<p> Meal Application / Solicitud de Comida **REQUIRED** The meal application determines if y family qualifies for free or reduced meals. In addition your child receiving healthy meals, the application generates additional funding to support different edu programs throughout the District. / **NECESARIO** solicitud de comida determina el su familia califica pa recibir comida gratis o reducida de precio. Además de su hijo recibe comida saludable, la solicitud genera fc adicionales para apoyar diferentes programas educat lo largo del Distrito.</p>
<p> McKinney-Vento Residence Survey Form / Ley de / **REQUIRED** Please Download, Complete, Print Sign the McKinney-Vento residence survey Form. Ple submit, to the school, with all other required docume</p>
<p> Medi-Cal Reimbursement Form / Formulario Medi-</p>
<p> Medication Authorization Form / Solicitud para la / The Medication Authorization Form is only needed if y student will require any medication during school hou Únicamente se necesita la Forma de Autorización Mé su alumno requiere cualquier medicamento durante l horas en la escuela.</p>
<p> Authorization for Release of Medical Information Form / **REQUIRED** Please review the authorization for re of medical information form</p>
<p> Medical Release After Illness or Injury Form / Part **REQUIRED** Please review the Orange County Department of Education's Doctor's Release After Illn Injury Form. / **REQUERIDO** Favor de revisar la fi del Departamento de Educación del Condado de Oran la Autorización Médica después de una enfermedad o lesión.</p>
<p> LHHS School Forms / Formas de LHHS</p>

Final Data Confirmation

<input checked="" type="checkbox"/> Family Information	<p>1. Please click on the 'Print, Sign & Return Data Confirmation Form' link below; complete, print and sign. 2. Then Click the 'Finish and Submit' button. 3. Then Click the 'Print New Emergency Card' button; print and sign. 4. Please return these TWO FORMS to school along with any other required/applicable documents pertaining to your student.</p> <p>PLEASE CONFIRM THAT THE INFORMATION ON THE PREVIOUS TABS IS CORRECT</p> <p><u>Print, Sign & Return Data Confirmation Form</u></p>
<input checked="" type="checkbox"/> Student	
<input checked="" type="checkbox"/> Contacts	
<input checked="" type="checkbox"/> Medical History	
<input checked="" type="checkbox"/> Documents	
<input checked="" type="checkbox"/> Authorizations	
<input type="checkbox"/> 7 Final Data Confirmation	
<input type="button" value="Finish and Submit"/>	

Some school sites may request you Print New Emergency Card.

Confirmation to School

Changes have been made to the Student Medical records of [redacted] (School #=92, Student #=536, Permanent ID=867093).

The changes were made by Parent Account: "brodym@svusd.org".

The changes are detailed below:

Medical History Record: Date=2/7/2011, Code=Allergic To Dairy (Milk) Products (AJ), SQ=1
MHS_SD changed from "" to "8/30/2012"

Changes and updates will be emailed to school site

Data Confirmation Receipt

DATA CONFIRMATION RECEIPT

Thank you for confirming the data for your student:

Having accurate information greatly helps the school maintain a healthy and safe learning environment.

This email confirms that you have completed the data confirmation process.

Thank you for confirming the data for your student.