Student Data Confirmation Process

Login into the Aeries Parent Portal. (This process can not be done via a student account)

When the Data Confirmation window is opened for you to update your student's information, review school and district documents, this message will display in the parent portal. Click on the message to start the confirmation process.

You must complete data confirm	mation before acces	sing other areas of the portal.		
The left navigation tracks your progress.	Please review and update.			
	Family Information			
	2 Student	Please select whether or not at least one parent/guardian of this student is		
		active in the United States Armed Forces		
	(4) Medical History	Yes, at least one parent/guardian of this student is active in the United States Armed Forces.		
		No, this student does not have a parent/guardian who is active in the United States Armed Forces		
On each screen, review and up-	Final Data Confirmation Confirm and Continue	Please select one of the following options to complete the residence survey: If any option other than "None" is selected, than please contact the office.		
		Temporary Shelters A temporary residence provided for homeless individuals who		
Confirm and Continue to save		would otherwise sleep on the street or a temporary residence provided to individuals in emergency situations. This is also		
any changes and advance to the		applicable to children who are in temporary residences awaiting permanent placement in foster care.		
next screen.				
		Hotels/Motels A temporary residence for homeless individuals usually requiring payment or vouchers for lodging and services on a daily, weekly, or monthly basis.		

Family Information—There are two questions to complete on this page.

- 1. Military survey— check if a parent or guardian are active in the United States Armed Forces.
- 2. Residency survey—If you check any option other than "None", please contact the school office.

***Note: If all information on any screen is accurate, select **Confirm and Continue** to proceed to the next screen.

Student—Update Mailing Address, Primary Phone, Correspondence Language and Parent Highest Education Level by selecting **Change**. Any address changes will need proof of residency brought to the school in the form of Rental or Mortgage agreement plus 2 current utility bills with parent/ guardian legal name listed and showing the physical address. Once verified, office staff will update the address in Aeries.

Please review and update all information.

Primary Phone: When updated, future parent portal account creation will require this number.

ABC Lane klin CA 95677	Notes Changes to this information will NOT be saved in
ABC Lane klin CA 95677	Changes to this information will NOT be saved in
	emailed to the school and the school will contact you for additional information.
5) 222-1234	
lish	Letters and Report Cards sent home from the school will be sent in this language. Not all languages listed are supported by the district.
ne College	
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Contacts—review directions at the top of the screen for important notes regarding contacts. To manage how calls are received to your provided phone numbers, please review our School Messenger <u>website</u>.

Please review all information by updating and adding contacts.		
All contacts will be listed as emergency contacts on the student's emergency card.		
In addition to the primary contact info, our school notification system uses these con- tacts :Mother's cell, Father's cell, Step-Mother's cell, Step-Father's cell, Foster Mother's Cell, Foster Father's cell and Legal Guardian.		
If you have an after school care provider, please include them as a contact.		
If you update your contact information at a late date during the school year, you must print, sign, and return a new emergency card to the school with your student.		

Select <u>each</u> existing contact, click on **Change** to review the contact details. Make any necessary updates.



Email addresses will be locked if that address has been used to create a parent portal account.

	Contact Details	
		Notes
Name	Mom Test	This field is used to address mailings from the school if applicable.
Relationship to student	Mother	
Lives With Student?	Yes	
Telephone Number	(916) 333-3421	
Work Phone Number		
Cell phone number	X	
Email Address	@rocklin.k12.ca.us Email Address is Locked	

Select **Add** to create a new emergency contact for your student. Be sure to add a contact record for student after school

	Contact Details		
		Notes	
Name	Neighbor Test	This field is used to address mailings from the school if applicable.	
Relationship to student	After School Care Provider		
Lives With Student?	No		
Telephone Number			
Work Phone Number			
Cell phone number	(916) 323-7894		
Email Address			

Select **Confirm and Continue** when all emergency contacts are added.

Medical History

Check Medical Conditions that apply. Today's date will be added when a new condition is selected. Be sure to add a comment for clarification for office staff. Select Save.

Allergies - Medication to be kept in the health office Diabetes Mellitus - insulin dependent			Medications at School
Allergies - student needs to carry an Epi-pen	Diabetes M	Aellitus - non-insulin dependent	Medications at Home
Allergies - no medication needed at school	🗹 Medical Ec	uipmen needed at school - Cane,Crutches	Psychological or Neurological Concerns
	Effective Date	07/25/2019 🛱	
	Age:	0	
	Grade:	0	
	Comment:	Student broke ankle, will need	

To remove a medical condition, click on No Longer Applies.

	Medical Hi	story and Curre	ent Medical C	ditions	
Condition	Effective Date	Age	Grade	Comment	
Medical Equipment needed at school - Cane,Crutches	07/25/2017	0	0	Student broke ankle, will need crutches	No Longer Applies

Select Confirm and Continue.

Documents

Click on each document in the list. Once reviewed, select the checkbox to the right of the document. You will not be able to proceed without reviewing and checking all boxes.

Please click each link below to view the document and then check the box to confirm.

	Documents				
Revi	ew document				
1	Student Network Access-Online Use Agrmt 2017-18.pdf	Please review this document.			
1	Annual Parent Notice 2017-2018.pdf	Please review this document.			
12	Annual Parent Notice 2017-2018, Russian.pdf				
1	Annual Parent Notice_2017_18 - Spanish.pdf				
Z	ElementaryLibrary Use Agreement 17-18.pdf	Please review this docume			
12	Student Accident Insurance Brochure 17–18.pdf	-0			
Z	Student Accident Insurance Letter 2017-18.pdf	Please review this document.			
73	Superintendent To Parent Letter 17-18.pdf	Please review this document.			
12	SPANISH Superintendent To Parent Letter 17–18.pdf				
B	Title VII Indian Education Program Memo.pdf	Please review this document.			
Plea	se print, sign, and return.				
1	Parent and Student Signature page, 2017-18.pdf	Please print, sign, and return.			
Plea	se save a copy for your records.				
B	Student Calendar, 2017-18.pdf	Please save a copy for your records.			
lf ne	eded, print, sign, and return.				
1	Report of Health Examination for School Entry.pdf				
12	Report of Health Examination for School Entry - Span.pdf				
1	Oral Health Assessment Form.pdf				
1	506 Form Exp 2020.pdf				

Select Confirm and Continue.

Authorizations

Read each statement and acknowledge or approve/deny.

Select Confirm and Continue.

Final Data Confirmation

Family Information	
Student	Select Submit Final Confirmation to complete the
Contacts	Student information Process.
Medical History	PLEASE CONFIRM THAT THE INFORMATION ON THE PREVIOUS TABS IS COR
Documents	
Authorizations	
7 Final Data Confirmation	
Submit Final Confirmation	
1	

Select Submit Final Confirmation.

Click on Print New Emergency Card (this option will not display for K-5/K-8 schools) and View Report. Your student's emergency card will display, Print, Sign and send with your student.

Data Confirmation must be completed for each of your students. If you have additional students, change student under the Change Student tab and complete for additional students.