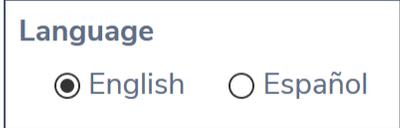
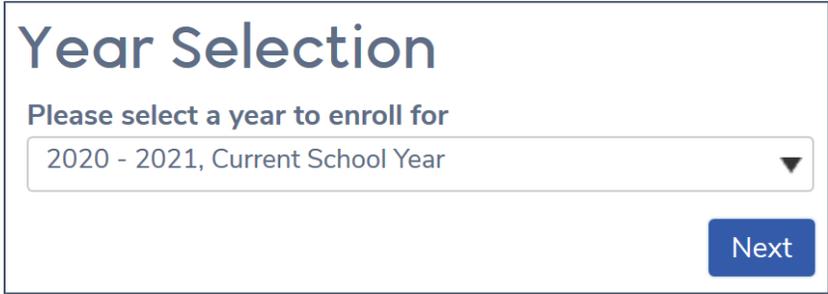


# Aeries Online Enrollment for Parents

This guide shows parents how to enroll a new student online. (If you are re-enrolling a student, go to the Aeries Parent Portal.)

Go to <b>sbcusd.com</b> .	<a href="https://sbcusd.com/">https://sbcusd.com/</a>
Under <b>Parent Resources</b> , choose <b>Enrollment</b> .	
Click on <b>NEW STUDENT ENROLLMENT</b> .	
Follow the instructions on the page and then click on this link:	<a href="https://sbcusd.asp.aeries.net/air">https://sbcusd.asp.aeries.net/air</a>
You will be taken to the <b>Online Enrollment</b> page.	
You can fill out the enrollment in either <b>English</b> or <b>Spanish</b> .	
Click on the <b>Enroll a New Student</b> button.	
On the <b>Year Selection</b> screen, select the correct year, and click the <b>Next</b> button.	

Be sure that you have the required information for enrolling a student and click the **Next** button.

1. **Proof of birth** (birth certificate, passport, hospital certificate)
2. **Proof of address** (utility bill, gas, electricity, or water within 60 days)
3. **Immunization records**
4. **Parent/guardian identification**
5. **Court documents** (e.g. restraining orders) if applicable



## Required Information

To enroll a new student, you will be required to provide the following documents:

1. Proof of birth (birth certificate, passport, hospital certificate)
2. Proof of address (utility bill, gas, electricity, or water within 60 days)
3. Immunization records
4. Parent/guardian Identification
5. Court documents (e.g. restraining orders) if applicable

Please make sure you have this information available before continuing. If you do not have this information available, please return when you do. After enrolling a new student, you will have the option to re-use certain information for enrolling additional students.

Next

If you previously enrolled a student online in the SBCUSD and have an account already, enter your **Email address** and **Password** and click the **Login** button. If you have forgotten your account login information click the **Forgot password** link.

## Existing user

Email address

Password

Login

[Forgot Password](#)

<p>If you have never enrolled a student in the SBCUSD online, enter your <b>Name</b> and <b>Email address</b>. Enter a <b>Password</b> and then re-type it for verification.</p>	<div style="border: 1px solid black; padding: 10px;"> <h2 style="text-align: center;">Create new account</h2> <p>Your Name <input type="text"/></p> <p>Email address <input type="text"/></p> <p>Password <input type="password"/></p> <p>Re-type Password <input type="password"/></p> </div>
<p>Click the <b>Create Account</b> button.</p>	<div style="border: 1px solid black; padding: 10px; text-align: center;"> <p><a href="#" style="background-color: #336699; color: white; padding: 10px 20px; text-decoration: none;">Create account</a></p> </div>
<p>Read the <b>Terms of Service</b> and checkmark <b>I agree</b>.</p>	<div style="border: 1px solid black; padding: 10px;"> <p><input checked="" type="checkbox"/> I agree</p> </div>
<p>Click the <b>Next</b> button.</p>	<div style="border: 1px solid black; padding: 10px; text-align: center;"> <p><a href="#" style="background-color: #336699; color: white; padding: 5px 15px; text-decoration: none;">Next</a></p> </div>
<p>Enter the student's <b>Legal First Name, Middle Name,</b> and <b>Date of Birth.</b></p>	<div style="border: 1px solid black; padding: 10px;"> <p>Student's legal first name <input type="text" value="Michael"/></p> <p>Student's legal middle name <input type="text" value="Joseph"/></p> <p>Student's suffix <input type="text" value="-"/></p> <p>Student's Birthdate  <input type="text" value="1"/> <input type="text" value="1"/> <input type="text" value="2005"/> Age: 15 </p> </div>

Enter the student's **Legal Last Name** and click the **Next** button.

The student's grade will fill in automatically based on their date of birth, but can be changed if it is incorrect.

Student's nick name (optional)

Student's legal last name

Please select a grade level or program to enroll this student in

Next

Enter the student's **Resident Address** and click the **Next** button.

If the resident address is different than the **Mailing Address**, checkmark **No, use a different address for mail**, enter the **Mailing Address**, and click the **Next** button.

## Resident Address

Street Address

Unit or Apartment Number

City

Student's Home ZIP Code

 - 

State Student lives in

Use residence address above as mailing address?

Yes

No, use a different address for mail

Next

If your address is within the SBCUSD boundaries, you will see your student's **Assigned School** and the **School's Address**.

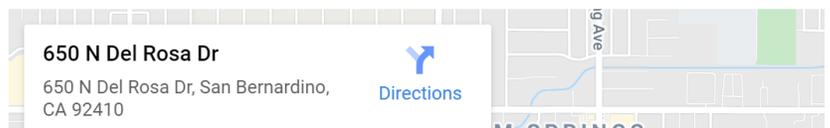
## Student Address

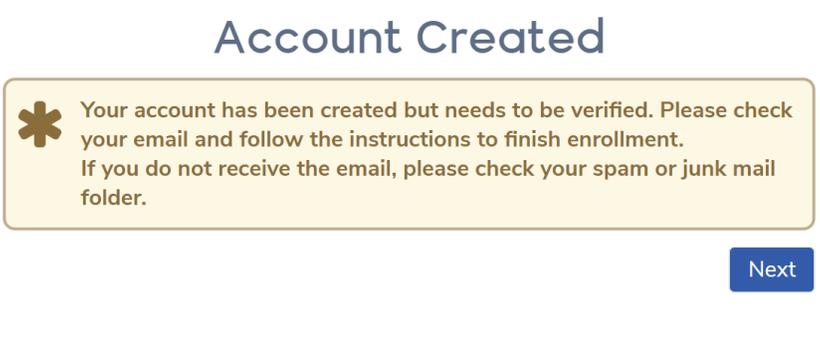
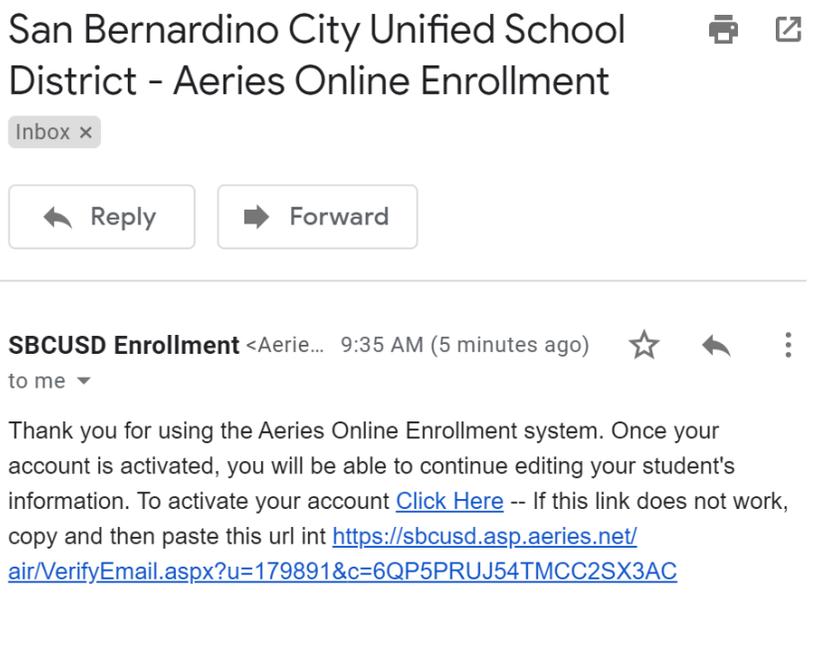
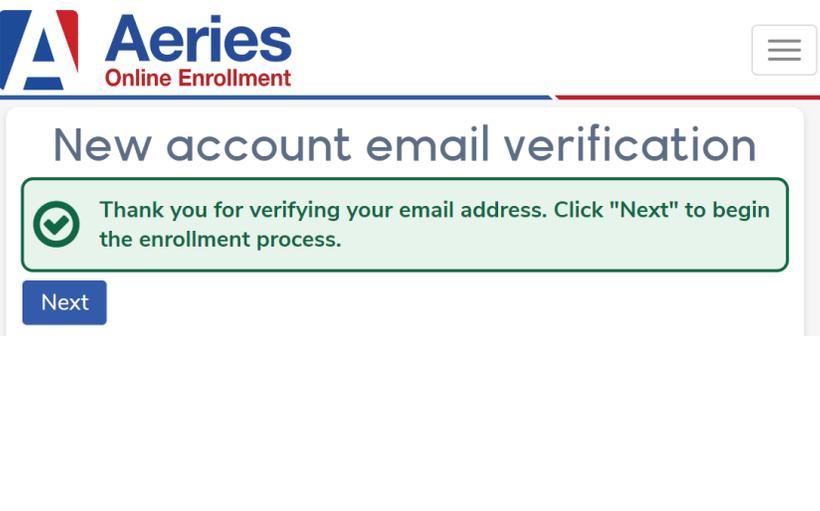


Congratulations! Based on the information you provided you are eligible to enroll for school using this website. Based on grade and address information you are assigned to the following school

Assigned school

INDIAN SPRINGS HIGH SCHOOL (9 - 12)



<p>Click the <b>Next</b> button.</p>	
<p>You will see the <b>Account Created</b> screen. Do not click <b>Next</b>.</p>	
<p>Login to the email account you entered at the beginning of the process and click on the verification link that says <b>Click Here</b>.</p>	
<p>You have created an Aeries Online Enrollment account.</p> <p>Click the <b>Next</b> button to continue.</p>	

Enter the following information about the student:

- Gender
- Home Phone Number
- Mobile Phone Number
- Country of Birth
- State of Birth
- City of Birth

General Student Information

Student's gender Male	Student's home phone number (909) 333-4444	Student's mobile phone number (909) 222-3333
Country the student was born in United States Of America	State the student was born California	City the student was born in San Bernardino

Enter the following **Federally Required** information about the student.

- Race
- Ethnicity
- Highest Parent Education Level

The following two questions are required by federal law

Is this student Hispanic or Latino?

- No, not Hispanic or Latino
- Yes, Hispanic or Latino

What is the race of this student? You may select up to five.

- |   |                                       |
|---|---------------------------------------|
| <input checked="" type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> Chinese      |
| <input type="checkbox"/> Japanese                                     | <input type="checkbox"/> Korean       |
| <input type="checkbox"/> Vietnamese                                   | <input type="checkbox"/> Asian Indian |
| <input type="checkbox"/> Laotian                                      | <input type="checkbox"/> Cambodian    |
| <input type="checkbox"/> Hmong  | <input type="checkbox"/> Other Asian  |
| <input type="checkbox"/> Hawaiian                                     | <input type="checkbox"/> Guamanian    |
| <input type="checkbox"/> Samoan                                       | <input type="checkbox"/> Tahitian     |
| <input type="checkbox"/> Other Pacific Islander                       | <input type="checkbox"/> Filipino     |
| <input type="checkbox"/> Black or African American                    | <input type="checkbox"/> White        |
| <input type="checkbox"/> Intentionally Left Blank                     |                                       |

What is the highest parent education level?

College Graduate

Enter **Language Information** about the student.

Click the **Next** button to continue.

## Language Information



Please answer the following questions by selecting the appropriate language.

Which language did your child learn when he/she first began to talk?

English



Which language does your child most frequently speak at home?

English



Which language do you (the parents or guardians) most frequently use when speaking with your child?

English



Which language is most often spoken by adults in the home? (parents, guardians, grandparents, or any other adults)

English



Next

Fill in the information on  
**Parent/Guardian #1.**

- First Name
- Last Name
- Relationship to student
- Access to Parent Portal?  
(answer **Yes**)
- Email address
- Does this parent/guardian live with the student?
- Mailing Name (name to appear on mailings from the school)
- Address
- Phone Numbers
- Employer's Name
- Employer's Address

Parent Information ▼

Parent/Guardian "Cell Phone" numbers will be contacted via Text Messaging in the event of an important notification.

Please provide information about parents/guardians who live with the student. Information about parents/guardians who do not live with the student will be collected in a different step.

**Parent/Guardian #1**

<b>First Name</b> <input type="text" value="Richard"/>	<b>Last Name</b> <input type="text" value="Torres"/>
<b>Relationship to student</b> <input type="text" value="Father"/> ▼	<b>Allow Access to Portal?</b> ⓘ <input type="text" value="Yes"/> ▼
<b>Email address</b> <input type="text" value="father@gmail.com"/>	<b>Does this parent/guardian live with the student?</b> <input type="text" value="Yes"/> ▼
<b>Mailing Name</b> <input type="text" value="Richard Torres"/>	
<b>Address</b> <input type="text" value="793 N E St"/>	
<b>City</b> <input type="text" value="San Bernardino"/>	<b>State</b> <input type="text" value="California"/> ▼
<b>ZIP Code</b> <input type="text" value="92410"/>	<b>Primary phone number</b> <input type="text" value="(909) 999-2222"/>
<b>Cell phone number</b> <input type="text" value="(909) 888-5555"/>	<b>Work phone number</b> <input type="text" value="(909) 444-2222"/>
<b>Extension</b> <input type="text"/>	<b>Alternate phone number</b> <input type="text"/>
<b>Employer Name</b> <input type="text" value="SBCUSD"/>	<b>Employer Address</b> <input type="text" value="777 N F St, San Bernardino, CA 92410"/>

If applicable, fill in the information on **Parent/Guardian #2.**

- First Name
- Last Name
- Relationship to student
- Access to Parent Portal?
- Email address
- Does this parent/guardian live with the student?
- Mailing Name (name to appear on mailings from the school)
- Address
- Phone Numbers
- Employer's Name
- Employer's Address

Click the **Next** button.

#### Parent/Guardian #2

First Name

Jean

Last Name

Torres

Relationship to student

Mother

Allow Access to Portal? 

Yes

Email address

mother@gmail.com

Does this parent/guardian live with the student?

Yes

Mailing Name

Jean Torres

Address

793 N E St

City

San Bernardino

State

California

ZIP Code

92410

Primary phone number

(909) 777-6666

Cell phone number

(909) 666-7777

Work phone number

(909) 444-2222

Extension

Alternate phone number

Employer Name

SBCUSD

Employer Address

777 N F St, San Bernardino, CA 92410

Mailing Name 

Richard & Jean Torres

Next

#### Restraining Order

If there is a person who is legally restrained from contact with the student, checkmark **Yes, an individual is restrained by court decree** and enter as much information about the individual as possible.

Click the **Next** button.

#### Restrained Individual

Please provide as much information about the restrained person as possible.

Is there an individual who is restrained from contact with this student by court decree?

- No, there is not an individual restrained by court decree  
 Yes, an individual is restrained by court decree

Previous

Next

Enter the information for your **Emergency Contact.**

To add more emergency contacts, click the **Add Additional Contact** button.

Click the **Next** button.

**Emergency Contacts** ▼

---

Please add additional emergency contacts who you authorize to be notified and/or released to in an event of an emergency.

Please provide up to four emergency contacts other than the parent/guardian entered on the previous screens.

**Emergency Contact #1**

<b>First Name</b> <input type="text" value="Matthew"/>	<b>Last Name</b> <input type="text" value="Torres"/>
<b>Relationship to student</b> <input type="text" value="Uncle"/>	
<b>Mailing Name</b> <input type="text" value="Matthew Torres"/>	
<b>Address</b> <input type="text" value="292 E 40th St"/>	
<b>City</b> <input type="text" value="San Bernardino"/>	<b>State</b> <input type="text" value="California"/>
<b>ZIP Code</b> <input type="text" value="92404"/>	<b>Primary phone number</b> <input type="text" value="(909) 666-3333"/>
<b>Cell phone number</b> <input type="text" value="(909) 777-2222"/>	<b>Work phone number</b> <input type="text" value="(909) 777-3333"/>
<b>Extension</b> <input type="text"/>	<b>Alternate phone number</b> <input type="text"/>
<b>Employer</b> <input type="text" value="SBCUSD"/>	
<b>Employer Address</b> <input type="text" value="777 N F St, San Bernardino, CA 92410"/>	

Fill out the **Health Survey** for your student.

Click the **Add** button to save entry.

Click the **Next** button.

## Health Survey



By updating this area you agree to **CONTACT THE SCHOOL REGISTERED NURSE** about any conditions requiring special medical care at school.

Please provide a list of any medical conditions this student has by selecting a medical condition from the drop down selection and click add. You may provide additional information about the condition in the comment area.

Add A Medical Condition

Medical Condition

Asthma

Comments

The student has an inhaler.

Add

Previous

Next

## Other District Enrollments

Answer the question, **Has this student previously attended a school in California?**

Answer the question, **Has this student previously attended a school in this school district? (SBCUSD)**

You can list up to 4 prior school districts that your student has attended.

Enter as much information as possible and click the **Next** button.

## Other District Enrollments

Has this student previously attended a school in California?

- No, this student has not attended a school in California.  
 Yes, this student has attended a school in California.

What date did the student first enroll into any California school?

8 6 2019

Has this student previously attended a school in this school district?

- No, this student has not attended this district before.  
 Yes, this student has attended this district before.

### Previous School #1

Enter Date

8 6 2019

Leave Date

6 1 2020

Enter Grade

9

Leave Grade

9

District Contact Name

Maria Garcia

Was this student expelled?

No

Phone Number

(909) 666-2222

Was this student in special education?

No

Fax Number

(909) 333-6666

Was this student on a 504 plan?

No

District Name

Redlands Unifed School District

School Name

Redlands High School

Street Address

840 E Citrus Ave

City

Redlands

State

CA

ZIP Code

92374

Comment

## Documents

You must checkmark and view each required document.

When finished, click the **Next** button.

## Documents



To view the documents below please click on the link for each document. You can print or save the documents for your own records. When you have reviewed the documents please click "Next".

 **Student Technology Responsible Use Agreement** \*Required

I have read the required document and will answer accordingly on the  Authorizations page.

 **Family Rights and Privacy Act** \*Required

I have read and understand the required document.

 **Sexual Harassment Policy** \*Required

I have read and understand the required document.

 **Complaint Procedure** \*Required

I have read and understand the required document.

 **Caregiver's Authorization Affidavit**

For a student who is an Unaccompanied Minor living with an adult that is not their legal guardian or parent. Please review if applicable.

 **California College Guidance Initiative** \*Required

SBCUSD has partnered with The California College Guidance Initiative to help your child develop a well informed college and career plan.

I have read the required document and will answer accordingly on the  Authorizations page.

 **Student Survey Letter** \*Required

I have read the required document and will answer accordingly on the  Authorizations page.

## Authorizations

Read through the authorizations and choose either **Yes** or **No**.

Click the **Next** button.

### Authorizations

Please complete the following authorizations and acknowledgement questions.

Parent/Guardian Release Authorization for Photographs, Films, Slides, Video, and Audio Recordings, of Students Enrolled in Education Programs. SBCUSD request permission to reproduce, through audio or visual means, activities related to this student's education program. By choosing 'Yes', you give permission for us to use audio or visual materials above-named student to increase public awareness of education programs through the mass media, displays, brochures, audio-visual presentations, etc.

Yes 

I give the school permission to bill for medical services rendered at the school site.

Yes 

Please check yes/no if you authorize, pursuant to provisions of Section 2 S.B. of Civil Code of Ca, to give such attention as may be thought necessary by the physician/medical advisor in charge, in case of an emergency, and I cannot be reached. I also realize that the local police may be called in certain circumstances in order to ensure emergency treatment.

Yes 

I give the district permission to communicate with my child through text. If yes, please text "Y" or "Yes" to 67587 with the student's cell phone to opt-in for text messaging.

Yes 

Previous

Next

## Document Uploads

Upload the required documents. You must upload all the **required** documents to proceed.

Click the **Next** button.

## Document Uploads



1. Proof of birth (birth certificate, passport, hospital certificate)
2. Proof of address (utility bill, gas, electricity, or water within 60 days)
3. Immunization records
4. Parent/guardian Identification
5. Court documents (e.g. restraining orders) if applicable

### Student's Proof of Birth

Required

Birth Certificate, Passport, Baptismal Record, etc.

#### Files

Select documents...

Done



birth certificate.jpg



### Proof of Address

Required

Utility Bill within the last 60 days

#### Files

Select documents...

### Student's Immunization Record

Required

#### Files

Select documents...

### Parent/Guardian ID

Required

#### Files

Select documents...

### Supplemental Questions

Answer all the supplemental questions.

### Supplemental Questions

Does student have a current IEP?

No

Language for correspondence to the home.

English

Has student ever been enrolled in one of these special programs?

No

Choose an option

No

GATE

Honor

Resource

Special Education

Other

### Supplemental Questions

Answer all the supplemental questions.

### Supplemental Questions

Does student have a 504 plan?

No

Health Plan

Choose an option

Choose an option

None

Blue Cross

HealthNet

IEHP

Kaiser

Medi-Cal

PacifiCare

Other

## Supplemental Questions

Answer all the supplemental questions.

Click the **Next** button.

## Supplemental Questions

Does student have a 504 plan?

No

Health Plan

HealthNet

Is the student

None of the above

Choose an option

In foster placement or group home

Unaccompanied minor

None of the above

## Residence Survey

Checkmark the residence circumstances that apply to your student.

Click the **Next** button.

Please select one of the following options to complete the residence survey:



**Temporary Shelters** A temporary residence provided for homeless individuals who would otherwise sleep on the street or a temporary residence provided to individuals in emergency situations. This is also applicable to children who are in temporary residences awaiting permanent placement in foster care.



**Hotels/Motels** A temporary residence for homeless individuals usually requiring payment or vouchers for lodging and services on a daily, weekly, or monthly basis.



**Temporarily Doubled Up** A temporary residence where a homeless family is sharing the housing of other persons due to the loss of housing, economic hardship, or other similar reasons.



**Temporarily Unsheltered** A type of residence for homeless individuals that is not meant for human habitation, such as cars, parks, sidewalks, abandoned buildings, campgrounds, trailer parks, bus and train stations, or persons abandoned in the hospital (on the street). A rule of thumb would be to see the dwelling as comparable to an automobile in that it shelters but is not adequate housing.



**None of the above** You may select this option if none of the above home situations apply to this student.

Previous

Next

## Family Military Survey

Checkmark whether or not at least one parent or guardian is currently in the military.

Click the **Next** button.

## Family Military Survey



Please select whether or not at least one parent/guardian of this student is active in the United States Armed Forces:



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.

Previous

Next

## Review

At the very end of the online enrollment process, you will be asked to scroll through all of the information you submitted to check for anything that needs correction.

Please click the **Edit** button to make changes and click the **Finish and Submit** button when you are satisfied that all of the information on your student is correct.

### Supplemental Questions

Does student have a current IEP?

No

Does student have a 504 plan?

No

Language for correspondence to the home.

English

Health Plan

HealthNet

Has student ever been enrolled in one of these special programs?

No

Is the student

None of the above

Edit

### Residence Survey Response

Residence Type

None of the above

Edit

### Family Military Survey Response

No, this student does not have a parent/guardian who is active in the United States Armed Forces.

Edit



If the information above is correct, click Finish and Submit. After clicking this no further changes can be made online.

Finish and Submit

Your **Online Enrollment** is now complete.

To enroll another new student(s), click on the **Enroll a New Student** button.

Confirm

Print

Enroll A New Student



**Assigned School:**  
INDIAN SPRINGS HIGH SCHOOL  
(909) 383-1360  
650 North Del Rosa Dr  
San Bernardino 92410

Michael Torres

Enrollment ID 245334

Enrollment Information (changes can only be made at the school)

**Enrollment completed by**  
Kathleen Tammaro  
kathleen.tammaro@sbcusd.k12.ca.us

**Enrollment Year**  
2020

**Student's Nick Name**

**Student's First Name**  
Michael

**Student's Last Name**  
Torres

**Student's Middle Name**  
Joseph

**Grade**  
10

**Student's Suffix**  
**Student's Birthday**  
1/1/2005

**Unit or Apartment Number**

**Street**  
793 N E ST

**Zipcode**  
92410

**City**  
San Bernardino

**Assigned school**  
INDIAN SPRINGS HIGH SCHOOL (909) 383-1360  
650 North Del Rosa Dr San Bernardino 92410

**State**  
California

## Logging In

- Go to the following URL.
- Click on the **Login** button.
- Enter the **Email address** and **Password** that you used when creating the Online Enrollment account.
- Click the **Login** button.

If you have forgotten your login info, click the **Forgot Password** link.

<https://sbcusd.asp.aeries.net/air>

Login

## Login

Email address

Password

••••••••

Login

[Forgot Password](#)

[New User](#)