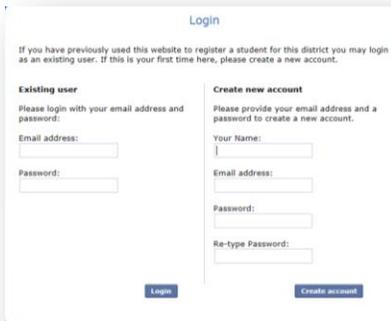


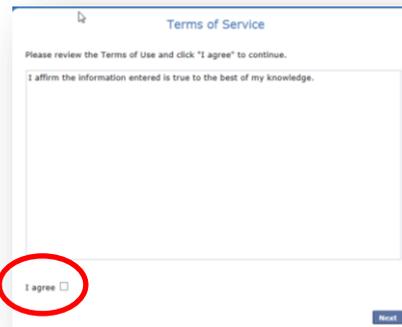
Welcome to Aeries Automated Internet Registration



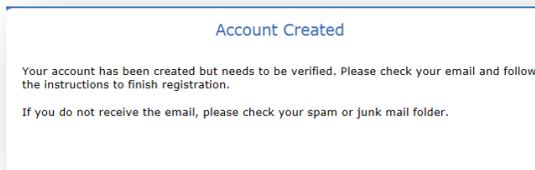
Login, the following box will open up. If you do not have an account you will need to create one. Enter your name, email address and password and choose Create Account. If you already have an account you just need to enter your email and password.



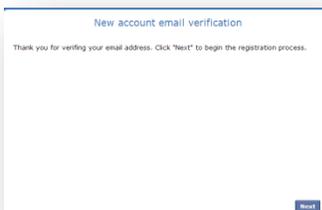
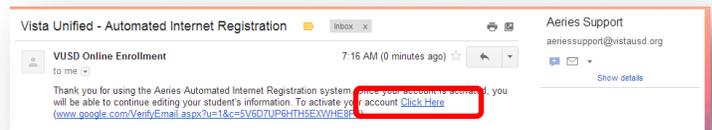
For New accounts, when you enter your information, click Create Account. The following screen will open. Click on the I Agree box. Say Next.



The following message will show.



Go to your email and look for the email from the *Vista Unified – Automated Internet Registration*. Click on the Click Here. You will then be notified that your email address has been verified.



Click the *next* button

You can now log in or register a new student. It will give you a list of required information you will need to have on hand to complete this process.

Required Information

[Print this page](#)

To enroll a new student, you will be required to provide various information. 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.

Required information: You will need to bring the following information with you at the time of registration.

- Verification of a valid address within school district boundaries
- Immunization records
- Local physician name and phone number
- Birth Verification (For example: Birth Certificate, Passport)
- IEP (If the student is in Special Ed or has a 504 Plan)

To continue, click next.

[Next](#)

You can choose Current School Year or you can choose the dropdown that say Pre-Enrolled for Next School year. Type in the student's name as shown on the Birth Certificate the birthdate and grade level.

Year Selection

Please select a year to register for.

Student's Name

Student's legal first name:
Larry

Student's nick name (optional):

Student's legal middle name (optional):

Student's legal last name:
White

Student's suffix:

Student's Birthday:
Oct 16 2004

Please select a grade level or program to register this student in:
5th

[Next](#)

Type in your student's resident address.

Use complete addresses, using the abbreviations below.

Ave	Avenue	Pl	Place
Blvd	Boulevard	Plz	Plaza
Box	Box	PO	Post Office (box)
Cir	Circle	Rch	Ranch
CT	Court	Rd	Road
Cyn	Canyon	St	Street
Dr	Drive	Tr	Terrace
Hts	Heights	Tr	Trail
Hill	Hill	Walk	Walk
Ln	Lane	Wy	Way

The information will populate based on the street table in Aeries.

Student Address

Resident Address
Street Address (example, "123 Main Street"):
327 Beaumont Ct
327 Beaumont Ct (Vista 92084-0000)

City:
Vista

Student's Home Zipcode:
92084 0000

State Student lives in:
California

Use residence address above as mailing address?
 Yes
 No, use a different address for mail

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If you want to attend a Magnet School, click on Magnet School Application Link. If you want to attend a school outside your address boundary click on the Student Support Services link for information.

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
Beaumont Elementary School
Grade level Kindergarten through 5th

YOU MUST REGISTER AT YOUR SCHOOL OF RESIDENCE. PLEASE NOTE: There is an application process for Magnet schools. [Magnet School Application](#) If you wish to attend a school other than your school of residence contact Student Support Services. [Student Support Services](#)

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General Student Information:

You can now start entering student information. Once you start entering, you may save and click finish later. ALL information must be filled in.

General Student Information

Student's gender:
Male

Student's home phone number:
(760)-555-1111

Student's mobile phone number:
(760)-555-2222

Student's email address:
(Please provide STUDENT email only. Parent emails will be collected in another step.)

Country the student was born in:
United States Of America

State the student was born:
California

City the student was born in:

The following two questions are required by federal law. [More information](#)

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

What is the highest parent education level?
College Graduate



Vista Unified

Registration for
Larry White
8% complete

Click finish later to stop registering and continue later.

The following two questions are required by federal law. You must choose at least one RACE. [More Information CDE link for Ethnicity/Race info](#)

Language Information:

Please make sure you fill First Enrollment dates. (This would be the first day of school in a CA or US School.)

Language Information

What date did the student first enroll into any K-12 school in the United States?
- / - /

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

The California Education Code requires schools to determine the language or languages spoken at home by each student. Please answer the following questions by selecting the appropriate language.

Which language did this student learn when he/she first began to speak?
English

What language do you use most frequently to speak to this student?
English

What language does this student most frequently use at home?
English

What is the language most often spoke by the adults at home?
English

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Residence Parent Information:

Make sure all information is filled out, including email address if you want one. Also make sure you have the *Allow Access to Portal* box checked.

Resident Parent Information

What is the full parent/guardian name that should be used on mail addressed to the home of this student?:
Linda White

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 the next step.

Parent/Guardian #1

First Name: Linda
Last Name: White
Relationship to student: Mother
Allow access to portal? Yes
Does this parent/guardian live with the student? Yes

Primary phone number: (760)-555-3333
Cell phone number: (760)-555-4444
Work phone number: () - () - ()
Extension:
Alternate phone number: () - () - ()
Email address:

Employer Name:
Employer Address:

Mail will be sent to the student's home address, however a second copy of mail can be sent to an additional address.

Should a second copy of mail be sent to this contact?:
Yes, send a copy of ALL mail

Mailing Name: Danica Reed
Address: 1234 Arcadia Ave
City: Vista
State: California
ZIP code: 92084

You must say YES to allow access to Portal in order to complete your enrollment process.

Parent/Guardian # 2

Relationship to student and does this parent/guardian live with the student must be checked. If this parent does not live with the student, then you can put the option of receiving all mail or just grades. Also put if they are allowed access to portal. *Remember if you allow portal access, they have the same access as you.*

Parent/Guardian #2

First Name: Last Name:

Relationship to student: Allow access to portal?

Does this parent/guardian live with the student?

Primary phone number: Cell phone number:

Work phone number: Extension:

Alternate phone number: Email address:

Employer Name:

Employer Address:

Mail will be sent to the student's home address, however a second copy of mail can be sent to an additional address.

Should a second copy of mail be sent to this contact?:

Mailing Name: Address:

City: State: ZIP code:

Out of State Contact Information:

This is optional, but is also best to have an out of Area contact in case of extreme emergency.

Out of State Contact Information (Optional)

Please provide information for an out-of-state contact. This information is optional and used for emergency purposes only.

First Name: Last Name:

Relationship to student:

Primary phone number: Cell phone number:

Work phone number: Extension:

Alternate phone number:

Address:

City: State: ZIP code:

Restrained Individual:

If yes, you must bring in a copy of the court decree if there is an individual who is restrained from contact with student. You must bring in a copy of the Court Decree.

Restrained Individual

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

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Restrained Individual

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

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

First Name: Last Name:

Relationship to student:
Select Relationship

Mailing Address:

City: State: ZIP Code:

Primary phone number: Cell phone number:

Work phone number: Extension:

Alternate phone number:

Employer:

Employer Address:

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Local Physician Information:

Please provide as much information about the student's local physician as possible. If you are new to the area and do not have a physician for the student you may want to ask a next door neighbor for the name of a physician, or enter a nearby hospital or clinic. If you cannot get a local Physician, please enter your name and information into this page. Please let your site know when you get a local Physician.

Local Physician Information

Please provide as much information about the student's local physician as possible. If you are new to the area and do not have a physician for the student you may want to ask a next door neighbor for the name of a physician, or enter a nearby hospital or clinic.

First Name: Last Name:

Primary phone number: Cell phone number:

Work phone number: Extension:

Alternate phone number:

Name of medical facility:

Medical facility address:

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Emergency Contacts:

ALL emergency contacts MUST have a Name and a Phone Number. You have up to 4 emergency contacts you can add, but you must add at least one. Make sure you put the relationship of this contact. If you want to give this contact access to the Portal, you can say yes to the portal question. *Remember, if you say yes, they have the same portal access as you.* Also, if you want to give this person access to receive all mail or grades you can note that as well.

Emergency Contacts

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

Emergency contact #1:

First Name:	Last Name:
<input type="text"/>	<input type="text"/>
Relationship to student:	Allow access to portal? 
Select Relationship: <input type="text"/>	Choose an option: <input type="text"/>
Primary phone number:	Cell phone number:
()- - - - 	()- - - - 
Work phone number:	Extension:
()- - - - 	<input type="text"/>
Alternate phone number:	Email address:
()- - - - 	<input type="text"/>
Employer:	
<input type="text"/>	
Employer address:	
<input type="text"/>	
Should a second copy of mail be sent to this contact?:	
No <input type="text"/>	
Mailing Name:	Address:
<input type="text"/>	<input type="text"/>
City:	State: ZIP code
<input type="text"/>	Select State: <input type="text"/> <input type="text"/>

Emergency contact #2:

First Name:	Last Name:
<input type="text"/>	<input type="text"/>
Relationship to student:	Allow access to portal? 
Select Relationship: <input type="text"/>	Choose an option: <input type="text"/>
Primary phone number:	Cell phone number:
()- - - - 	()- - - - 
Work phone number:	Extension:
()- - - - 	<input type="text"/>
Alternate phone number:	Email address:
()- - - - 	<input type="text"/>
Employer:	
<input type="text"/>	
Employer address:	
<input type="text"/>	

Health Survey:

Please use the dropdown to choose any medical conditions your student has. Click ADD when you have made your choice. You may add more than one medical condition. You can add comments as well. Skip if there are no issues.

The screenshot shows the 'Health Survey' form. At the top, it says 'Health Survey' and provides instructions: '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.'

Medical Condition	Comment	Action
Select medical condition: [v]	Enter any comments or notes regarding this condition here. [v]	Add

At the bottom of the form are 'Previous' and 'Next' buttons.

The dropdown menu for 'Select medical condition:' contains the following items:

- Assessment
- Attendance Case Mgmt
- Emergency Care Plan
- Equipment(Wheelchair, Crutches etc)
- Health Concern Comment
- Health/MD Referral
- Hearing Impaired
- Home/Hospital
- Ind. Health Care Plan
- Medical Diagnosis
- Medication
- P E Limits Permanent
- P E Limits Temporary
- Parent Contact
- Physical Limitations
- See Confidential File
- Special Needs
- Specialized Health Care
- SST Attended
- Teen Parent Program
- Visual Impaired/ glasses/ contacts

Immunization Information:

Please add the vaccine type and date given for ALL immunizations your student has had. Click ADD after each entry.

The screenshot shows the 'Immunization Information' form. At the top, it says 'Immunization Information' and provides instructions: 'Please provide a list of all immunization dates by entering the date given and selecting the vaccine type from the drop down selection and click **add**. The information you supply will be ordered by immunization type and date.'

Vaccine type	Date given	Action
Select vaccine type: [v]	- [v] - [v] - [v]	Add

At the bottom of the form are 'Previous' and 'Next' buttons.

The dropdown menu for 'Select vaccine type:' contains the following items:

- DTP Boost
- DTP/Tdap/Td/DT
- Hepatitis A
- Hepatitis B
- HIB
- MMR
- Polio
- Tdap Boost
- Varicella (chickenpox)

Other District Enrollments:

If the student has attended another district please list that district. There is room for 4 prior districts. If the student has attended schools in this district say YES and put in the most recent data and school. If the student has NEVER attended another district, please check the No box.

Other District Enrollments

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.

If this student has previously attended school for grade K thru 12 in another district, please provide as much information as possible for up to the last four schools.

If you are not certain of the exact enter and leave date, please enter an approximate day. For example, if the student started sometime in February of 2012, you may enter February 1st, 2012.

Previous School #1:

Enter Date:	Leave Date:
<input type="text"/>	<input type="text"/>
Enter Grade:	Leave Grade:
<input type="text"/>	<input type="text"/>
District Name:	School Name:
<input type="text"/>	<input type="text"/>
School Street Address:	School City:
<input type="text"/>	<input type="text"/>
School Country:	
<input type="text"/>	
School State:	School Zipcode:
<input type="text"/>	<input type="text"/>
Comment:	
<input type="text"/>	

Previous School #2:

Enter Date:	Leave Date:
<input type="text"/>	<input type="text"/>
Enter Grade:	Leave Grade:
<input type="text"/>	<input type="text"/>
District Name:	School Name:
<input type="text"/>	<input type="text"/>
School Street Address:	School City:
<input type="text"/>	<input type="text"/>
School Country:	
<input type="text"/>	

Other District Enrollments

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.

What was the most recent date this student attended this district?

What was the most recent school attended at this district?

Supplemental Questions:

You must answer every question. If the question does not apply, choose "None or No"

Supplemental Questions

My child is currently receiving the following services

My child is currently in a group home or is a foster child

My child was in a pre-school or daycare (including a family member)

My child is currently in Migrant Ed

What is your correspondence Language - Choose only English or Spanish

Is your student currently under expulsion and not been re-admitted?

At what age did your child begin attending Preschool?

How long did your child attend Preschool?

Did your child attend any early learning programs prior to beginning preschool?

Registration Confirmation:

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

You will now get a registration confirmation. Please review all of your information. If you need to change any information you can click on Edit in that area.

Please print out the registration confirmation. Please sign and date. Bring in to your students school upon your registration appointment along with the other registration documents. (examples would be a valid address verification, your students immunization card, and your birth verification.)

You can now register another student or logout

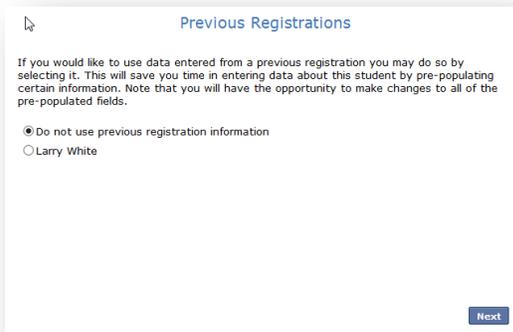


Parent/Guardian Signature

Register another student Logout

The image shows a registration confirmation form. At the top, there is a horizontal line for a signature, labeled "Parent/Guardian Signature". Below the signature line, there are two buttons: "Register another student" and "Logout". The "Register another student" button is highlighted with a red rectangular border.

To register more students, it will ask if you want to use the previous registration information or not. The option of choosing the student you just logged in will save you time of re-entering information



Previous Registrations

If you would like to use data entered from a previous registration you may do so by selecting it. This will save you time in entering data about this student by pre-populating certain information. Note that you will have the opportunity to make changes to all of the pre-populated fields.

Do not use previous registration information

Larry White

Next

The image shows a dialog box titled "Previous Registrations". It contains a paragraph of text explaining that users can use data from previous registrations to save time. Below the text are two radio button options: "Do not use previous registration information" (which is selected) and "Larry White". At the bottom right of the dialog box is a "Next" button.