

Portal de Padres de Familia de Aeries Confirmación de Datos



2017-2018

Valley View Middle School

[Home](#) [Student Info](#) [Attendance](#) [Grades](#) [Change Student](#)

You have not yet completed the Student Data Confirmation Process.
[Click Here](#) to confirm the information about your student.

Paso 1 – Información de la familia:

Por favor responda las siguientes preguntas y haga clic en **Confirmar y Continuar**:

Please make sure to complete all the information requested in the sections on the left side of your screen. If you do not complete each section, you will not be able to complete the Student Data Confirmation Process successfully.

1 Family Information

2 Student

3 Contacts

4 Medical History

5 Documents

6 Authorizations

7 Final Data Confirmation

Confirm and Continue

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.

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.

Paso 2 – Ingreso

Por favor responda las siguientes preguntas y haga clic en **Confirmar y Continuar**. Si se rehúsa a responder la encuesta de ingreso, haga clic en **Confirmar y Continuar** sin responder a las preguntas.

Family Information

2 Income

Student

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Confirm and Continue

How many people are in your household?

☐ 1 ☐ 2 ☐ 3 ☒ 4 ☐ 5 ☐ More

What is your total monthly household income?

☐ \$2720 or less

☐ \$2721 - \$3870

☐ \$3871 or greater

Si rehúsa responder a la encuesta de ingreso, verá la siguiente:

Income Survey

Are you sure you want to continue, this will indicate that you've declined to state your income levels?

Decline To Respond Complete the Survey

Si responde la encuesta de ingreso, verá la siguiente ventana emergente:

Confirm

Please make sure this information is correct. Once it is submitted it will not be editable.

OK Cancel

Paso 3 - Estudiante

Para cambios de domicilio, por favor presente un comprobante de domicilio de la nueva dirección, como un recibo de servicios a su nombre, en la escuela de su estudiante.

✓ Family Information

✓ Income

3 Student

4 Contacts

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Confirm and Continue

Address changes require proof of residency at the new address such as a utility bill. Please bring in the proof of residency to your child's school for the address to be changed in Aeries.

Student Demographics		
		Notes
Mailing Address	101 W Cochran St Simi Valley CA 93063	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.
Residence Address (if different than Mailing Address)	101 W Cochran St Simi Valley CA 93063	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.
Primary Phone	(805) 555-1234	
Student's Mobile		
Correspondence Language	English	Letters and Report Cards sent home from the school will be sent in this language. Not all languages listed are supported by the district.
Parent Highest Education Level	College Graduate	
Change		

Paso 4 – Contactos

La información de contactos del padre/tutor del estudiante debe ser ingresado por personal escolar para que todos los campos de información necesarios sean correctos, como **ParentLink/Blackboard** y el **Portal**.

Para agregar o cambiar contactos por favor use los botones de **Cambiar** y **Agregar**:

✓ Family Information

✓ Income

✓ Student

4 Contacts

5 Medical History

6 Documents

7 Authorizations

8 Final Data Confirmation

Confirm and Continue

Please include one contact that is not a parent.

Select Record to Change

Name	Address	Relation
Ethyl Mertz	101 W Cochran St	Mother
Fred Mertz	101 W Cochran St	Father

Change Add

Contact Details		
		Notes
Name	Ethyl Mertz	This field is used to address mailings from the school if applicable.
First Name	Ethyl	
Last Name	Mertz	
Relationship to student	Mother	
Telephone Number	(805) 555-9876	
Work Phone Number	(805) 555-6543 Ext 1234	
Cell phone number	(805) 555-9876	

Paso 5 – Antecedentes Médicos

Por favor seleccione las condiciones médicas que apliquen a su hijo(a) y después haga clic en el botón de **Guardar**:

✓ Family Information

✓ Income

✓ Student

✓ Contacts

5 Medical History

6 Documents

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8 Final Data Confirmation

Confirm and Continue

Medical Data Saved at 7/18/2018 4:42:21 PM.

Any condition checked here must be medically diagnosed and documentation must be provided to the school site by the parent. Please make sure to list any medications that accompany any medical condition in the comments section. Any other medications or conditions not listed, please report to your school's health office directly.

Medical History and Current Medical Conditions				
Condition	Effective Date	Age	Grade	Comment
Allergy, nuts - Severe	07/18/2018	0	0	Has EpiPen.

Save

Additional Conditions
Please Check All That Apply

☐ Anaphylaxis/Epi-pen	☐ Autism Spectrum Disorder	☐ Lactose Intolerance
☐ ADD/ADHD	☐ Cerebral Palsy	☐ Migraine and other headaches
☐ Adverse drug reaction	☐ Concussion	☐ Neurological Impairment
☐ Allergy, nuts - Mild	☐ Congenital/Birth Abnormalities	☐ Oncology (Cancer) Condition
☐ Allergy, nuts - Moderate	☐ Diabetes, Type I	☐ Organ Transplant
☐ Allergy (other) - Mild	☐ Diabetes, Type II	☐ Other Health Concerns
☐ Allergy (other) - Moderate	☐ Digestive Problems	☐ Respiratory Condition
☐ Allergy (other) - Severe	☐ Emotional/Mental Health Concerns	☐ Scoliosis
☐ Asthma - Mild	☐ Hearing Concerns	☐ Seizures
☐ Asthma - Moderate	☐ Heart Disease	☐ Speech Difficulty
☐ Asthma - Severe	☐ Immune System Abnormalities	☐ Vision Concerns - Glasses/Contacts

Save

Paso 6 – Documentos

El padre de familia o tutor debe hacer clic en casilla a la derecha del documento **de Derechos y Responsabilidades Paternales**, al hacerlo, usted está aceptando que ha leído y comprendido la información contenida en ese documento. Debe hacer clic en la casilla para poder continuar al paso 7. Por favor tome nota: cada una de las escuelas preparatorias tienen un documento adicional que usted debe aceptar para poder continuar. Descargue los documentos adicionales en esta sección de documentos según sea necesario.

✓ Family Information

✓ Income

✓ Student

✓ Contacts

✓ Medical History

6 Documents

7 Authorizations

8 Final Data Confirmation

Confirm and Continue

By checking the box to the right of the Parent's Rights and Responsibilities document, you are acknowledging that you have read and understand the information contained in that document and understand that it serves as an electronic signature adhering to the policies of the Simi Valley Unified School District. The forms underneath must be completed if your student has any of these considerations.

Documents	
2018-2019 Parent's Rights and Responsibilities By checking the box, you confirm you have received and reviewed the Parent's Rights and Responsibilities.	☒
Authorization for any Medication Taken During School Hours If your child needs to take medication, while at school, this form must be completed and signed by both the parent/guardian and the physician, and given to your school health office. Note: Simi Valley Unified School District maintains a drug free policy for school campuses, therefore all medications will be secured in the school health office, unless otherwise prescribed by the physician.	☐

Paso 7 - Autorizaciones

Por favor responda las siguientes preguntas y después haga clic en el botón de **Confirmar y Continuar**:

✓ Contacts ✓ Medical History ✓ Documents 7 Authorizations 8 Final Data Confirmation Confirm and Continue	<table border="1"> <thead> <tr> <th colspan="2">Authorizations and Prohibitions</th> </tr> <tr> <th>Description</th> <th>Status</th> </tr> </thead> <tbody> <tr> <td> * Acknowledgement of Student Acceptable Use Policy Please check "YES" to confirm you have read the Student Acceptable Use Policy in the Parents' Rights Handbook and understand it clearly. You also confirm that you have read with and explained to your child the Student Acceptable Use Policy so that he/she understands it clearly. </td> <td> ☐ Yes ☐ No </td> </tr> <tr> <td> * Acknowledgement of Portable Device Guidelines Please check "YES" to confirm that you read and understand the Portable Device Guidelines outlined by the Simi Valley Unified School District in the Parents' Rights Handbook. </td> <td> ☐ Yes ☐ No </td> </tr> <tr> <td> * Authorization for Emergency Medical Treatment In case of an accident or emergency, and the parent or guardian of the minor cannot be reached, I authorize Simi Valley Unified School District, to give emergency medical treatment. This may include transportation (ambulance) to the nearest Hospital and/or emergency room. Under the care of the physician, emergency treatment may include: x-ray examination, anesthesia, and/or dental surgical treatments. In cases where emergency medical treatment is life threatening, the school is required to call 911. </td> <td> ☐ Yes ☐ No </td> </tr> <tr> <td> * Parent Internet and Media Release for District Purposes I give my permission to use my child's name, work and/or image for Simi Valley Unified School District purposes, including, but not limited to, the District's website, school website, social media or print product for Simi Valley Unified School District purposes. I further understand there would be no compensation paid for any inclusion of my child in District's materials. </td> <td> ☐ Yes ☐ No </td> </tr> <tr> <td> * Parent Internet and Media Release for Outside Media Purposes I give my permission for area media members to feature my child—name and/or image—in their reporting of happenings on Simi Valley Unified School District campuses and at events. </td> <td> ☐ Yes ☐ No </td> </tr> <tr> <td> * Consent for Directory Information to be Released to PTA/PTSA Please check "NO" if you request the PTA/PTSA NOT be given the name, address and telephone number of your student. </td> <td> ☐ Yes ☐ No </td> </tr> <tr> <td> * Consent for Directory Information to be Released to Health Department </td> <td> ☐ Yes ☐ No </td> </tr> <tr> <td> * Consent for Directory Information to be Released to Elected Officials </td> <td> ☐ Yes ☐ No </td> </tr> <tr> <td> * Consent for Directory Information to be Released to United States Armed Forces </td> <td> ☐ Yes ☐ No </td> </tr> <tr> <td> * Consent for Directory Information to be Released to College, Universities, Trade Schools or Other Educational Institutions </td> <td> ☐ Yes ☐ No </td> </tr> <tr> <td> * Annual Pesticide Notification Request Please check "YES" if you wish to be pre-notified every time a pesticide application is to take place at the school. If you DO NOT need to be notified, please check "NO". </td> <td> ☐ Yes ☐ No </td> </tr> <tr> <td> * Consent to Participate in an Education Project Involving the Harmful or Destructive Use of Animals </td> <td> ☐ Yes ☐ No </td> </tr> <tr> <td> * Consent for Physical Exam </td> <td> ☐ Yes ☐ No </td> </tr> <tr> <td> * Consent for HIV/AIDS Prevention Education </td> <td> ☐ Yes ☐ No </td> </tr> <tr> <td colspan="2"> * Response Required </td> </tr> <tr> <td colspan="2"> Save </td> </tr> </tbody> </table>	Authorizations and Prohibitions		Description	Status	* Acknowledgement of Student Acceptable Use Policy Please check "YES" to confirm you have read the Student Acceptable Use Policy in the Parents' Rights Handbook and understand it clearly. 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Paso 8 – Confirmación de Datos Final

Por favor haga clic en el botón de **Terminar y Enviar**:

Please make sure to complete all the information requested in the sections on the left side of your screen. If you do not complete each section, you will not be able to complete the Student Data Confirmation Process successfully.

✓ Family Information

✓ Income

✓ Student

✓ Contacts

✓ Medical History

✓ Documents

✓ Authorizations

8 Final Data Confirmation

Thank you for completing the Simi Valley Unified School District Parent's Rights and Responsibilities forms. Please contact your school office should you have any questions or need further assistance.

Finish and Submit

Una vez que haya llegado a esta pantalla, usted ha completado el proceso de confirmación de datos:

Please make sure to complete all the information requested in the sections on the left side of your screen. If you do not complete each section, you will not be able to complete the Student Data Confirmation Process successfully.

✓ Family Information

✓ Income

✓ Student

✓ Contacts

✓ Medical History

✓ Documents

✓ Authorizations

✓ Final Data Confirmation

Thank you for confirming the student data in the system.

Thank you for completing the Simi Valley Unified School District Parents' Rights and Responsibilities forms. Please contact your school office should you have any questions

Print New Emergency Card