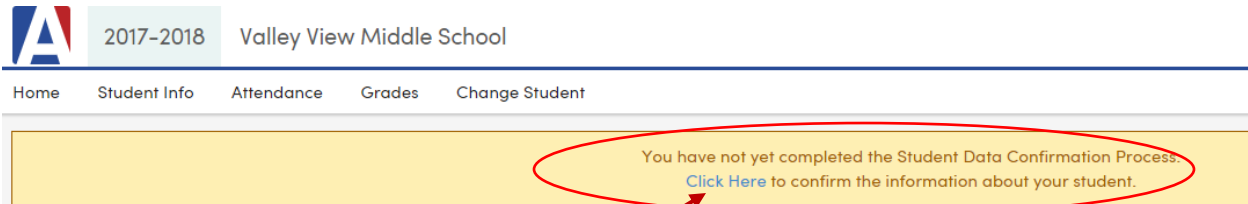
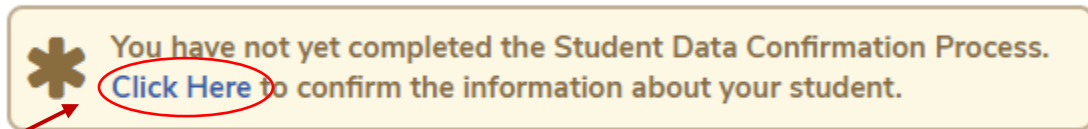


Aeries Parent Portal Data Confirmation

Please complete the Data Confirmation Process in the Aeries Parent Portal at the start of every school year for each of your students. To start the Data Confirmation Process, click on “[Click Here](#)” in the Data Confirmation Alert Box. The Data Confirmation Alert is shown below in both the old and new formats.



Notifications



Would you like to receive weekly emails on the status on each student you have access to? [Modify](#)

Step 1 – Family Information:

Please answer the following questions and then click the **Confirm and Continue** button:

1 Family Information

2 Income

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 (Military):

☐ YES WE ARE active-duty members of the U.S. Armed Forces (Military).

☒ NO WE ARE NOT active-duty members of the U.S. Armed Forces (Military).

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.

☒ **Permanent Residence**
In a single-family residence (house, apartment, townhouse, condo or mobile home).

Step 2 – Income:

Please answer the following questions and then click the **Confirm and Continue** button:

The screenshot shows a multi-step survey form. On the left is a vertical sidebar with seven steps: 1. Family Information (checked), 2. Income (selected), 3. Contacts, 4. Medical History, 5. Documents, 6. Authorizations, and 7. Final Data Confirmation. Below the sidebar is a green button labeled 'Confirm and Continue'. The main content area for the 'Income' step contains the following text:

Each year, the State of California provides additional school funding to support and provide additional educational benefits to students based on household income levels, English learner status, and foster youth. These benefits include:

1. Eligibility for free after school care, academic support, and activities.
2. Eligibility for free camps during spring and summer breaks.
3. Reduced price SAT and Advanced Placement Exams
4. Free or reduced cost meals

We strongly encourage all families to complete this income survey to determine eligibility for these educational benefits. In addition to being able to qualify for free or reduced price benefits for your own child by completing this survey, you will also help to bring in additional revenue to the schools so that we can better support ALL students by providing additional electives, field trips, classroom paraeducators and more.

We thank you, in advance, for considering answering these questions. Your willingness to participate will provide opportunities to your student and ALL students by qualifying our schools for additional State funding specifically to provide these additional academic benefits.

How many people are in your household?

Below the question are six radio button options: 1, 2, 3, 4, 5, and More. The option '5' is selected and highlighted in green.

Should you choose to decline to state your income, please press **Confirm and Continue**.

The screenshot shows a question titled 'What is your total monthly household income?'. Below the title is a sub-instruction: 'Should you choose to decline to state your income level, please press Confirm and Continue.' There are three radio button options:

- ☐ \$3807 or less
- ☐ \$3808 - \$5418
- ☒ \$5419 or greater

The third option, '\$5419 or greater', is selected and highlighted in green.

The screenshot shows a 'Confirm' dialog box with a title bar that says 'Confirm'. The main text inside the box reads: 'Please make sure this information is correct. Once it is submitted it will not be editable.' At the bottom of the dialog box are two buttons: 'OK' (in blue) and 'Cancel' (in white with a grey border).

Step 3 – Contacts

To add a Contact please click on the **Add** button. To change a Contact please click on the pencil to the left of the Contact. Please contact your child's school to remove a Contact. For elementary schools, contact the Office Manager and for secondary schools, contact the Registrar to remove Contacts. Please click the **Confirm and Continue** button to move onto the next screen.

Please make sure that each parent/guardian has an Education Level.

Family Information
Income
3 Contacts
4 Medical History
5 Documents
6 Authorizations
7 Final Data Confirmation
Confirm and Continue

Please select an Education Level for each parent/guardian.

Contacts + Add

Lucy Ricardo
Mother
Ed Level: Some College (12)
(805) 555-1212 Cell: (805) 555-5432
Last Updated: 7/15/2021 2:41 PM

Ricky Ricardo
Father
(805) 555-1212 Cell: (805) 555-3333
Last Updated: 7/15/2021 2:42 PM

To change your email address, click on the down arrow to the right of your email address and then click on the Edit button. Follow the steps to change your email address.

happygolucky@hotmail.com

Parent Notification Preferences
Change Password
Change Email

Account Info

Email
happygolucky@hotmail.com Edit

1. Changing your email address will send a confirmation email to the new address and a warning email to the old address.
2. You will need to confirm the new address by clicking on a link sent to the new address.
3. The current account will remain active with the old email address until the new email address is confirmed.

New Email: gotarun@outlook.com
Portal Password:

Change Email Cancel

Step 4 – Medical History

Please select the medical conditions that apply to your child and then click the **Save** button. If your child no longer has a medical condition, please click the **“No Longer Applies”** button. Please click the **Confirm and Continue** button to move onto the next screen.

✓ Family Information

✓ Income

✓ Contacts

4 Medical History

5 Documents

6 Authorizations

7 Final Data Confirmation

Confirm and Continue

Medical Data Saved at 7/15/2021 2:47:25 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. For any other medical conditions not listed, please report to your school's office directly.

Medical History and Current Medical Conditions

Condition	Effective Date	Age	Grade	Comment	
Hearing Concerns	07/15/2021	9	4		No Longer Applies

Save

Additional Conditions

Please Check All That Apply

☐ Anaphylaxis/Epi-pen

☐ ADD/ADHD

☐ Adverse drug reaction

☐ Allergy, nuts - Mild

☐ Allergy, nuts - Moderate

☐ Allergy, nuts - Severe

☐ Allergy (other) - Mild

☐ Allergy (other) - Moderate

☐ Allergy (other) - Severe

☐ Asthma - Mild

☐ Asthma - Moderate

☐ Asthma - Severe

☐ Autism Spectrum Disorder

☐ Cerebral Palsy

☐ Concussion

☐ Congenital/Birth Abnormalities

☐ Diabetes, Type I

☐ Diabetes, Type II

☐ Digestive Problems

☐ Emotional/Mental Health Concerns

☐ Heart Disease

☐ Immune System Abnormalities

☐ Lactose Intolerance

☐ Migraine and other headaches

☐ Neurological Impairment

☐ Oncology (Cancer) Condition

☐ Organ Transplant

☐ Other Health Concerns

☐ Respiratory Condition

☐ Scoliosis

☐ Seizures

☐ Speech Difficulty

☐ Vision Concerns - Glasses/Contacts

Save

Step 5 – Documents

By clicking the box under the **Parent Rights and Responsibilities Document**, you are acknowledging that you have read and understand the information contained in this document.

By clicking the box under the **SVUSD Device Coverage Flyer**, you are confirming that you have received this flyer.

You must click these boxes in order to continue to Step 6.

Please note that each of the high schools and the title schools have an additional document that you must acknowledge in order to continue. Please download the additional documents listed in this Document section as needed.

Documents

2023-2024 Parents' Rights and Responsibilities
*Required
By checking the box, you confirm you have received and reviewed the 2023-2024 Parents' Rights and Responsibilities Handbook.

☒

SVUSD School Device Coverage Flyer 2023-2024
*Required
By checking this box, you confirm that you have received the SVUSD School Device Coverage Flyer. This flyer contains information on how to purchase insurance for your child's SVUSD issued device.

☒

SVHS Policies and Procedures 2023-2024
*Required
By checking the box, you acknowledge and accept the SVHS Policies and Procedures for 2023-2024. Please make sure to discuss the SVHS Policies and Procedures for 2023-2024 with your student(s).

☒ **For SVHS parents only**

Medication Authorization
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.

Allergy Health Record
If your child has allergies, please complete this form and give it with any medications and authorization forms to your school health office. See also "Medication Authorization" and "Allergy Emergency Plan" if necessary.

Allergy Emergency Plan
If your child has severe allergies and uses emergency medications, please have your physician complete this form and give it to your school health office.

Asthma Health Record
If your child has asthma, please complete this form and give it to your school health office. See also "Medication Authorization" if medication is needed at school.

Step 5 – Documents (continued)

Diabetes Physician Authorization

If your child has diabetes, this form must be completed and signed by both the parent/guardian and the physician, and given to your school health office.

Management of Anaphylaxis

If your child has anaphylaxis, please have your physician complete this form and give it to your school health office.

Seizure Information

If your child has seizures, please complete this form and give it to your school health office.

Readmission After Injury or Surgery

If your child is returning to school after injury, illness or surgery and will need to use casts, crutches, wheelchair, stitches, elastic bandages or slings, this form must be completed and signed by both the parent/guardian and the physician, and given to your school health office.

Industrial Arts - Stagecraft - Drama Informed Consent

Please click [here](#) to view the Industrial Arts - Stagecraft - Drama Informed Consent Form.

SVUSD Concussion Info Sheet

Please click [here](#) to view the SVUSD Concussion Information Sheet.

Step 6 - Authorizations

Please answer the questions listed below and then click the **Confirm and Continue** button. Please note that the parents of secondary students will have more Authorizations to accept/deny than the parents of elementary students will have to accept/deny.

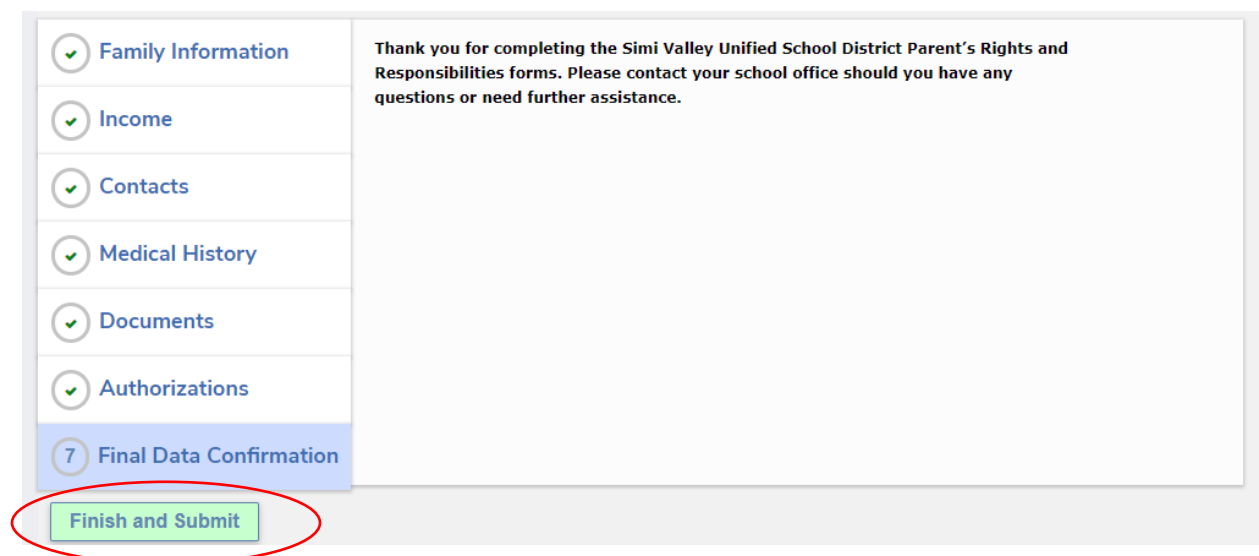
Authorizations and Prohibitions	
Description	Status
* Acknowledgement of Student Acceptable Use Policy Please check 'YES' to confirm you have read the Student Acceptable Use Policy in the Parents' Rights Handbook and understand it clearly. You also confirm that you have read with and explained to your child the Student Acceptable Use Policy so that he/she understands it clearly.	☒ Yes ☐ No
* District-Issued Device Guidelines Please check 'YES' to confirm you have read, understand and agree to the District-Issued Device Guidelines outlined by the Simi Valley Unified School District in the SVUSD Parents' Rights Handbook. You also confirm that you have read and explained the District-Issued Device Guidelines to your child so that they understand them clearly.	☒ Yes ☐ No
* District-Issued Device Protection Plan Please check 'YES' to confirm you have read and understand the District-Issued Device Protection Plan outlined by the Simi Valley Unified School District. PLEASE NOTE: This acknowledgement is not an acceptance or purchase of the District-Issued Device Protection Plan. The District-Issued Device Protection Plan can be purchased at: www.schooldevicecoverage.com/signup	☒ Yes ☐ No
* 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.	☒ Yes ☐ No
* 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.	☒ Yes ☐ No
* 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.	☐ Yes ☒ No
* 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.	☐ Yes ☒ No
* Consent for Directory Information to be Released to Health Department	☒ Yes ☐ No
* Consent for Directory Information to be Released to Elected Officials	☒ Yes ☐ No
* Consent for Directory Information to be Released to United States Armed Forces	☒ Yes ☐ No
* Consent for Directory Information to be Released to College or Other Educational Institutions	☒ Yes ☐ No

Step 6 – Authorizations (continued)

* 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".	☐ Yes ☒ No
* Consent to Participate in an Education Project Involving the Harmful or Destructive Use of Animals	☒ Yes ☐ No
* Consent for Physical Exam	☒ Yes ☐ No
* Consent for HIV/AIDS Prevention Education	☒ Yes ☐ No
* Consent to check out library materials I give my consent for my child to check out library books based on the policies and procedures of each school site. I understand that we are responsible for paying for any lost or damaged books.	☒ Yes ☐ No
* Anonymous Online Tip Form By checking the box, you confirm you are aware that SVUSD has an "Anonymous Online Tip Form". The link can be found at https://tinyurl.com/svusdanonymoustip. Please use this form if you wish to report any activity and/or concerns regarding Simi Valley Schools. The form can be used to report concerns such as: a student who needs help, physical bullying, verbal bullying, cyber bullying, possible threat, drug possession/vaping/use/sales, theft, vandalism, harassment, racism, or other activity that raises concern.	☒ Yes ☐ No
* Share Contact Information with Select District Service Providers I give permission for my contact information to be shared with some of the District's select service providers for such items as student pictures/portraits and graduation regalia (caps and gowns, class rings, yearbooks, etc.). These select service providers will not share your contact information with any other company.	☒ Yes ☐ No
* Response Required	
Save	

Step 7 – Final Data Confirmation

Please click the **Finish and Submit** button:



✓ Family Information

✓ Income

✓ Contacts

✓ Medical History

✓ Documents

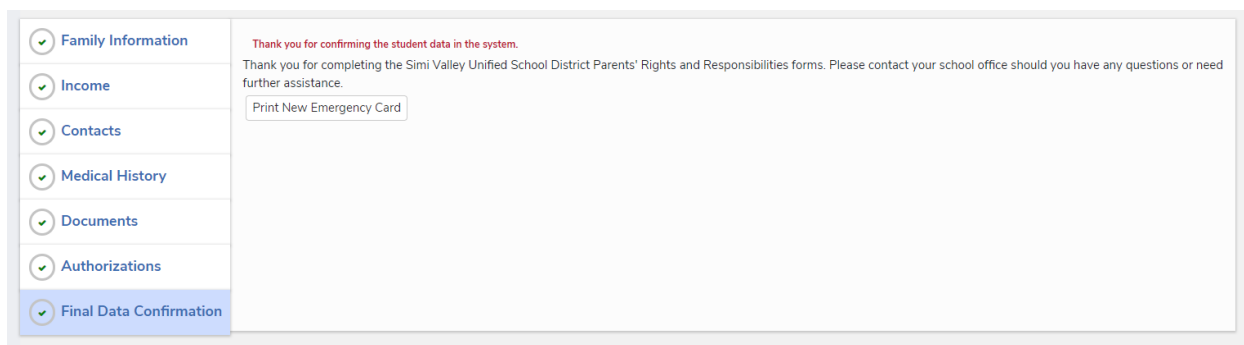
✓ Authorizations

7 Final Data Confirmation

Finish and Submit

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.

Once you have reached this screen, you have completed the Data Confirmation Process:



✓ Family Information

✓ Income

✓ Contacts

✓ Medical History

✓ Documents

✓ Authorizations

✓ Final Data Confirmation

Print New Emergency Card

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 or need further assistance.