

# Ayuda para el proceso de confirmación de los datos del portal AERIES para los padres

## 1. Inicie la sesión en el portal:

Ocean View School District

Log in to continue to Portals

**Aeries<sup>®</sup> SIS**  
Portals

English  
Español  
Việt  
中文  
한국어  
العربية

Email

Password

LOGIN

Forgot password?

Create new account

WELCOME TO THE AERIES PARENT/STUDENT PORTAL!  
REPORT CARDS ARE NOW AVAILABLE TO VIEW AND PRINT ONLINE!!  
For district information visit : [www.ovsd.org](http://www.ovsd.org)  
If you need to create an account, click on "Create New Account".  
If you forgot your password, click on "Forgot Password?".

Haga clic en la flecha y en la lista desplegable, elija español.

Ocean View School District

Log in to continue to Portals

**Aeries<sup>®</sup> SIS**  
Portals

Español

Contraseña

ENTRADA AL SISTEMA

¿Olvidó su contraseña?

Crear una nueva cuenta

WELCOME TO THE AERIES PARENT/STUDENT PORTAL!  
REPORT CARDS ARE NOW AVAILABLE TO VIEW AND PRINT ONLINE!!  
For district information visit : [www.ovsd.org](http://www.ovsd.org)  
If you need to create an account, click on "Create New Account".  
If you forgot your password, click on "Forgot Password?".

Ingrese su nombre de usuario y contraseña. Seleccione "Entrada al Sistema."

2. Seleccione al alumno que desea verificar la inscripción para el año escolar 2014-15:

Coloque el cursor sobre "Cambio de alumno." Lleve el cursor hacia abajo para seleccionar el estudiante correcto.

2013-2014 **Vista View School**

Página principal Información del alumno Asistencia Calificaciones Médica Exámenes

Welcome to the Parent Portal for Ima Test

Gradebook Summary

Name	Per	Teacher	%	Avg	Current Mark	Trend	Missing Assign	Past 5 Day's Att	Last Updated				
								F	M	T	W	T	
-								Nominal change	-		Predicted increase of 1% or more		
-								Nominal change	-		Predicted decrease of 1% or more		

Help Me Understand the Trend

Attendance Summary

Code	Description	All	0	1	2	3	4	5	6	7	8	9

Currently Accessing From: 10.38.1.245  
Previously Accessed From: 10.38.1.245 on 7/30/2014 5:01:12 PM

Cambio de alumno Opciones Salida (Logout)

- Test, Ima - Grd 6 - Vista View Schl
- Tester, Ima [PRE-ENROLLED] - Grd 1 - Hope View Schl
- Tester, Stu [PRE-ENROLLED] - Grd 1 - Hope View Schl
- Test, Star [PRE-ENROLLED] - Grd 1 - Hope View Schl
- Test, SBAC [PRE-ENROLLED] - Grd 1 - Hope View Schl

Student	Grade	School
Ima Test	6	Vista View Schl
Ima Tester	0	Hope View Schl
Stu Tester	0	Hope View Schl
Star Test	0	Hope View Schl
SBAC Test	0	Hope View Schl

### 3. Inicie/continúe/revise el proceso de confirmación de los datos en una de dos maneras:

1

Coloque el cursor sobre "Información del alumno." Lleve el cursor hacia abajo y seleccione "Confirmar Información"

OR

2

Seleccione "Presione Aquí" para iniciar el proceso de confirmación de los datos (esta opción desaparecerá después de completar el proceso).

2013-2014 **Hope View School**

Página principal Información del alumno Asistencia Médica Exámenes Cambio de alumno Opciones Salida (Logout)

**Información del alumno**

- Profile
- Demografía
- Contactos
- Confirmar Información
- Autorizaciones
- Cargos y multas

Calendar 7/31/2014

Add New Event Display: Day

You have no events for this date

**Aún no ha completado el proceso de Confirmación de Datos del alumno. Presione Aquí para confirmar la información acerca de su hijo/a.**

Welcome to the Parent Portal for Star Test


Most Recent Test Results		
Test	Taken	Result
Students You Have Access To		
Student	Grade	School
Ima Test	6	Vista View Schl
Ima Tester	0	Hope View Schl
Stu Tester	0	Hope View Schl
Star Test	0	Hope View Schl
SBAC Test	0	Hope View Schl

Attendance Summary

Code	Description	All
------	-------------	-----

Currently Accessing From: 10.38.1.245  
Previously Accessed From: 10.38.1.245 on 7/31/2014 7:21:45 AM

#### 4. Comience el proceso de confirmación de datos siguiendo las instrucciones:



The screenshot shows a web application interface. At the top, there is a navigation menu with a logo of an eagle on the left and five menu items: 'Página principal', 'Información del alumno', 'Asistencia', 'Médica', and 'Exámenes'. Below the menu is a table with student information. The table has five columns: 'StuNum', 'Apellido', 'Primer Nombre', 'Segundo Nombre', and 'P'. The first row contains the values '10877', 'Test', 'Star', and two empty cells.

StuNum	Apellido	Primer Nombre	Segundo Nombre	P
10877	Test	Star		

### Actualice toda la información de su hijo

Complete los pasos #1-6 (haga clic en cada pestaña debajo de la flecha azul)

1. Demografía estudiantil
2. Contactos
3. Médico
4. Documentos
5. Autorizaciones y prohibiciones
6. Confirmación de los datos finales

NOTA: La información debe introducirse con las letras mayúsculas y minúsculas adecuadas. No use sólo letras mayúsculas o NINGÚN signo de puntuación.

Para obtener AYUDA para completar este proceso en inglés, [haga clic aquí](#):

Para obtener AYUDA para completar este proceso en español, [haga clic aquí](#):

**STEPS #1 - 6**



## 5. DEMOGRAFÍA ESTUDIANTIL:

# PASO 1: Demografía estudiantil

1. Revise la información del alumno a continuación para ver si los datos deben ser actualizados.
2. Si se requieren cambios, haga clic en "Change" para actualizar la información de su hijo.
  - Si hizo cambios de domicilio, haga los cambios necesarios en la sección de dirección de correo.
    - Presente 2 pruebas de su domicilio a la escuela.
  - Actualice el número de teléfono y el nivel de educación de los padres si la información ha cambiado.
3. Haga clic en "Save" si hizo cambios. (Después de hacer los cambios y de hacer clic en "Save", la información con la dirección previa aparecerá otra vez, pero en la oficina de la escuela recibirán la notificación pendiente del cambio de domicilio).

Desplácese hacia arriba a la flecha azul y continúe con el Paso #2; haga clic en la pestaña: 2 - Contactos

Demografía		
Campos	Datos	Notas
Dirección de correo	16250 Hickory St Fountain Valley CA 92708	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.
Dirección de Domicilio (if different than Mailing Address)	16250 Hickory St Fountain Valley CA 92708	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.
Teléfono Principal	(714) 847-2551	
Father's Work	(714) 847-2551 Ext 0000	
Mother's Work	(714) 847-2551 Ext 0000	
Nro. Móvil del estudiante		
Parent Highest Education Level	College Graduate	
<input type="button" value="Change"/>		

## 6. CONTACTOS:

# PASO 2: Contactos

Revise y actualice toda la información de contacto.

Solicitamos un mínimo de 4 contactos usando cualquier combinación de los tipos de contacto a continuación (sin incluir al doctor):

- Información de madre/padre o tutor:
  - Campos requeridos: nombre, relación, vive con los padres y números de teléfono
- Otros contactos (a quien se le pueda entregar al niño):
  - Campos requeridos: nombre, relación, números de teléfono
- Servicios de guardería (si procede):
  - Campos requeridos: nombre, números de teléfono, relación debe indicar "proveedor de guardería"
- Doctor/médico:
  - Campos requeridos: nombre, números de teléfono, relación debe indicar "Doctor"

### 1. Para cambiar la información de contacto:

- Haga clic en el nombre del contacto en el cuadro de abajo ("Select Record to Change")
- Haga clic en "Change"
- Haga los cambios necesarios y oprima "Save"

### 2. Para añadir información de contacto:

- Haga clic en "Add"
- Ingrese toda la información de contacto usando las directrices para los tipos de contactos de arriba
- Haga clic en "Save" y repita los pasos para agregar más contactos

### 3. Para borrar información de contactos:

- Haga clic en el nombre del contacto en el cuadro de abajo ("Select Record to Change")
- Verifique en el área de información de contactos que haya seleccionado al contacto adecuado y haga clic en "Delete."
- Repita los pasos para borrar más contactos.

Al terminar:

Desplácese hacia arriba a la flecha azul y continúe con el Paso #3; haga clic en la pestaña: 3 - Información médica

#### Select Record to Change

Name	Address	Relation
Ima testerdad		Father
Ima Uncle		Uncle
TYPE Doctor name here		Doctor/Physician

Change Add Delete

Información del Contacto		
Campos	Datos	Notas
Name	Ima testerdad	This field is used to address mailings from the school if applicable.
Primer Nombre	Ima	
Apellido	testerdad	
Name Suffix		
Dirección		
Relationship	Father	
¿Vive con el estudiante?	Yes	

## 7. INFORMACION MÉDICA:

### PASO 3: Información médica

1. Necesitamos la información de su seguro médico. En el cuadro que figura a continuación, pase a la siguiente sección "TYPE Medical Insurance in COMMENT".

- Haga clic en "Comment" después de "My Medical Insurance is:"
- Ingrese el nombre de la compañía de su seguro médico (ejemplo: Blue Cross, Aetna, Kaiser, Medi-CAL, etc.)
- Haga clic en SAVE

2. Bajo "Additional Conditions", haga clic en cada condición médica que se aplica a su hijo.

- Declare fechas y detalles sobre la condición en el recuadro de "Comments"
- Haga clic en SAVE

3. Si su hijo toma medicamentos recetados (En la sección "Additional Conditions"):

- Haga clic en "PRESCRIPTION MED #".
- Haga clic en "Comments" e ingrese el nombre del medicamento, dosis, frecuencia, y la razón por la que usa el medicamento.
- Continúe con el proceso para más medicamentos seleccionando "PRESCRIPTION MED #"
- Haga clic en SAVE

Al TERMINAR:

Desplácese hacia arriba a la flecha azul y continúe con el Paso #4; haga clic en la pestaña: 4 - Documentos

Historial médico y de condiciones médicas actuales					
Condition	Effective Date	Age	Grado	Comentario	
Allergies - Food	07/29/2014	0	0	Peanuts - severe	No Longer Applies
Glasses or Contacts	07/29/2014	0	1	Wears contacts	No Longer Applies
*PRESCRIPTION MED 1 (put name in comment)	07/29/2014	0	4	Albuterol, 2 puffs as needed	No Longer Applies
*PRESCRIPTION MED 2 (put name in comment)	07/29/2014	0	1	Epipen-As needed, peanut allergy	No Longer Applies
TYPE Medical Insurance in COMMENT	07/17/2014	0	0	My Medical Insurance is: Medi-CAL	No Longer Applies

Save






Additional Conditions Please Check All That Apply		
<input type="checkbox"/> Allergies - Environmental	<input type="checkbox"/> Asthma - Illness Induced	<input type="checkbox"/> Other Condition Not Listed
<input type="checkbox"/> Allergies - Insect	<input type="checkbox"/> Asthma - Seasonal	<input type="checkbox"/> *PRESCRIPTION MED 3 (put name in comment)
<input type="checkbox"/> Seizures - Febrile	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Allergies - Known Drug Allergy
<input type="checkbox"/> Seizures - Infant	<input type="checkbox"/> Physical Limitations	<input type="checkbox"/> Asthma
<input type="checkbox"/> Seizures - Current Disorder	<input type="checkbox"/> Heart Condition	<input type="checkbox"/> ADD/ADHD
<input type="checkbox"/> Asthma - Exercise Induced	<input type="checkbox"/> Hearing Aids	<input type="checkbox"/> Autism

Save

## 8. DOCUMENTOS:

# PASO 4: Documentos

1. Haga clic en cada documento subrayado para leer.
  2. Después de revisar los documentos:
    - Haga clic en cada recuadro a la derecha para verificar que ha revisado el documento.
  3. Imprima el documento titulado "Verification Summary":
    - Haga clic en "Verification Summary", se abrirá una nueva ventana.
    - Imprima el documento después de que se abra.
    - Usted y su hijo tendrán que leer, poner sus iniciales y firmar este documento y regresarlo a la escuela de su hijo.
- Continúe al Paso #5; haga clic en la pestaña: 5 - Autorizaciones y Prohibiciones

Documents	
<b>Policy Documents</b>	
 <u><a href="#">Compulsory Education Law Notice</a></u>	<input checked="" type="checkbox"/> I have read and understand the Compulsory Ed Law Notice
 <u><a href="#">Dangerous Objects at School</a></u>	<input checked="" type="checkbox"/> I have read and understand the Dangerous Objects at School document
 <u><a href="#">SARB Letter</a></u>	<input checked="" type="checkbox"/> I have read and understand the SARB letter
<b>Handbooks</b>	
 <u><a href="#">Vista View Handbook 2013-14</a></u> Read the handbook and click on the box to verify it has been read.	<input checked="" type="checkbox"/> I have read and understand the Handbook
<b>Print &amp; Sign Documents</b>	
 <u><a href="#">Verification Summary</a></u> Document verifying you and your child have read policy documents. A printed copy MUST be returned to the school along with the printed and signed emergency card found in Step #6.	<input checked="" type="checkbox"/> Print, read, initial, & sign (student & parent). Return signed/initialed copy to your school. Click on "Verification Summary" to the left to print.



## 9. AUTORIZACIONES Y PROHIBICIONES:

# PASO 5: Autorizaciones y prohibiciones

IMPORTANTE – Lea antes de hacer clic en los recuadros.

### 1. Renuncia a la escuela/distrito (dentro de OVSD):

Haga clic en el recuadro "**Consent**" si usted...

- Autoriza renuncia a la escuela/distrito foto/video (dentro de OVSD) de foto/video tomado de su hijo por representantes de la escuela/distrito autorizados por OVSD dentro de las actividades de la escuela/distrito. El niño puede ser identificado por su apellido y se puede usar en los documentos relacionados con la escuela.
- El niño será incluido en los anuarios, libros de memorias, boletines de la escuela/distrito y el sitio web del distrito.

Haga clic en el recuadro "**NO Consent**" si usted...

- NO autoriza renuncia a la escuela/distrito foto/video (dentro de OVSD) de foto/video tomado de su hijo por representantes de la escuela/distrito autorizados por OVSD dentro de las actividades de la escuela/distrito.
- El niño será excluido de los anuarios, libros de memorias, boletines de la escuela/distrito y el sitio web del distrito.

### 2. Renuncia a los medios de comunicación (fuera de OVSD):

Haga clic en el recuadro "**Consent**" si usted...

- Autoriza renuncia a los medios de comunicación de foto/video (fuera de OVSD) de foto/video tomado de su hijo durante las actividades relacionadas con la escuela por los representantes de los medios de comunicación (incluyendo la televisión) y para su uso por el distrito/medios de comunicación en diversos medios de comunicación como periódicos, transmisiones, boletines de noticias, y sitios de medios sociales (por ejemplo, Facebook).

Haga clic en el recuadro "**NO Consent**" si usted...

- No autoriza renuncia a los medios de comunicación de foto/video (fuera de OVSD) de foto/video tomado de su hijo durante las actividades relacionadas con la escuela por los representantes de los medios de comunicación y para su uso por el distrito/medios de comunicación en diversos medios de comunicación como periódicos, transmisiones, boletines de noticias, y sitios de medios sociales.

### 3. PROCEDA a "Electronic Report Cards," "Emergency Treatment Release," and "Health Insurance."

### 4. PROCEDA a las autorizaciones de productos de venta libre:

- Haga clic en el recuadro "**Consent**" si usted autoriza al personal autorizado del distrito que subministren el producto mencionado a su hijo.
- Haga clic en el recuadro "**NO Consent**" si usted NO está de acuerdo que se le subministre a su hijo los productos enlistados de venta libre en la escuela.

### 5. Haga clic en SAVE.

Desplácese hacia arriba a la flecha azul y continúe con el Paso #6; haga clic en la pestaña: 6 – Confirmación de los datos finales

## 10. CONFIRMACIÓN DE LOS DATOS FINALES:

**EL PROCESO DE CONFIRMACIÓN NO ESTÁ COMPLETO:** Si recibe uno de estos dos mensajes, necesita regresar y terminar alguno de los pasos para completar el proceso (si no obtuvo un mensaje rojo, pase a la siguiente página).

You can not perform final data confirmation until you Read and Confirm all of the documents listed on the Documents tab.

### STEP 6: Final Data Confirmation

1. CLICK each box below to verify that you have reviewed and updated all information.

- Regrese al paso 4: Documentos.
- Revise los recuadros que no estén marcados.
- Regrese al paso 6: Confirmación de los datos finales

You can not perform final data confirmation until you Select a Value for each Authorization and Prohibition Code.

### STEP 6: Final Data Confirmation

1. CLICK each box below to verify that you have reviewed and updated all information.

- Busque alguna autorización con un asterisco (\*) rojo y algún recuadro en seguida de "Consent" y "No Consent" que no haya sido seleccionado.
- Marque "Consent" o "No Consent"
- Desplácese hacia abajo y haga clic en "Save."
- Regrese al paso 6: Confirmación de los datos finales.

Documents	
<b>Policy Documents</b>	
<b>Compulsory Education Law Notice</b>	<input checked="" type="checkbox"/> I have read and understand the Compulsory Ed Law Notice
<b>Dangerous Objects at School</b>	<input checked="" type="checkbox"/> I have read and understand the Dangerous Objects at School document
<b>SARB Letter</b>	<input checked="" type="checkbox"/> I have read and understand the SARB letter
<b>Handbooks</b>	
<b>Vista View Handbook 2013-14</b> Read the handbook and click on the box to verify it has been read.	<input checked="" type="checkbox"/> I have read and understand the Handbook
<b>Print &amp; Sign Documents</b>	
<b>Verification Summary</b> Document verifying you and your child have read policy documents. A printed copy MUST be returned to the school along with the printed and signed emergency card found in Step #6.	<input type="checkbox"/> Print, read, initial, & sign (student & parent). Return signed/initialled copy to your school. Click on "Verification Summary" to the left to print.

<b>* CONTACT LENS SOLUTION/SALINE</b> I allow the school to administer contact lens solution to my child. I understand I must supply the solution and have my child bring it to the office in the morning. PARENT SUPPLIED	<input type="checkbox"/> Consent <input type="checkbox"/> No Consent
<b>TOPICAL ORAL ANESTHETIC</b> I allow the school to administer topical oral antiseptic to my child. I understand I must supply the antiseptic and have my child bring it to the office in the morning. PARENT SUPPLIED	<input checked="" type="checkbox"/> Consent <input type="checkbox"/> No Consent
<b>DIAPERING OINTMENT/CREAM</b> I allow the school to administer diapering ointment/cream to my child. I understand I must supply the solution and have my child bring it to the office in the morning. PARENT SUPPLIED	<input checked="" type="checkbox"/> Consent <input type="checkbox"/> No Consent

## STEP 6: Final Data Confirmation

1. CLICK each box below to verify that you have reviewed and updated all information.
2. CLICK on SAVE (A new screen will appear with more information).
3. CLICK on "Print New Emergency Card" below. **PRINT** and **SIGN**.
4. RETURN the following forms to your school:
  - Emergency Card
  - Verification Summary (Found in Step #4: Documents)

These completed steps will confirm completion of our online "Annual Verification of Enrollment" process!

PLEASE CONFIRM THAT THE INFORMATION ON THE PREVIOUS TABS IS CORRECT

- Student Demographics
- Contacts
- Medical Information
- Authorizations and Prohibitions



Cuando haya terminado de actualizar e introducir toda la información, aparecerá una pantalla parecida a esta.

1. Haga clic en cada recuadro para verificar que haya revisado toda la información.
2. Haga clic en "SAVE"

Después de haber hecho clic en "Save", aparecerá esta pantalla

**IMPRIMA UNA TARJETA NUEVA DE EMERGENCIA:** Después de hacer clic en el botón, se abrirá una ventana emergente para abrir el documento (que varían en función de su navegador de internet). Asegúrese de que los popups sean permitidos para esta página web.

PLEASE CONFIRM THAT THE INFORMATION ON THE PREVIOUS TABS IS CORRECT

- Student Demographics
- Contacts
- Medical Information
- Authorizations and Prohibitions

**CONGRATULATIONS! You have completed your Annual Verification of Enrollment.**

Reminder: Don't forget to bring the following to Pre-Sale Day on August 27th:

- SIGNED Emergency Card
- INITIALED and SIGNED Verification Summary Document (by both Parents and Students)

### FOOD & NUTRITION SERVICES:

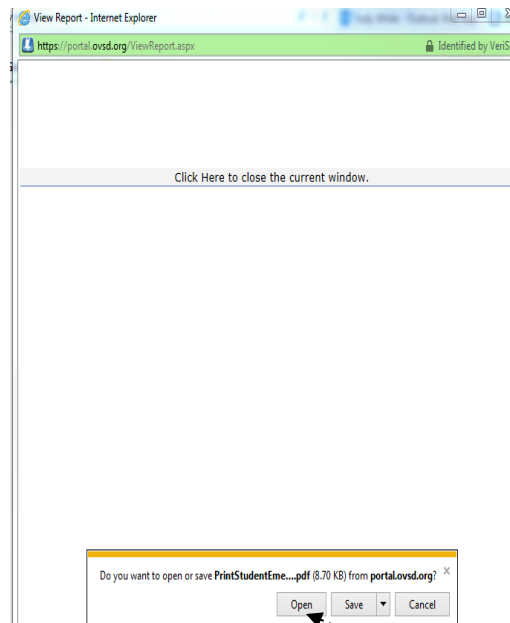
If you have not already done so, you may follow the links below to our Food & Nutrition Services website.

- It's not just about meals anymore! Learn if you qualify for free or reduced price meals for your student(s) based on income and household size.
- Please, submit only ONE application per household.
- We encourage all to apply!! Even if you choose NOT to participate in the program, your APPROVED application MAXIMIZES FUNDING FOR YOUR SCHOOLS through the new Local Control Funding Formula.

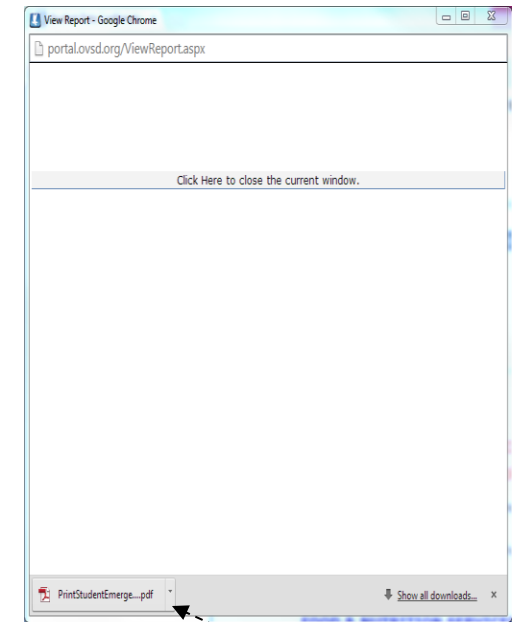
Choose from the following links:

- To learn if you qualify and to apply for free/reduced priced meals [click here](#).
- To set up your lunch account at My School Bucks [click here](#)
- For more information about "Local Control Funding" [click here](#).

Print New Emergency Card



**INTERNET EXPLORER:** Haga clic en "Open." Se abrirá un documento PDF que se puede imprimir.



**GOOGLE:** Haga clic en el enlace al documento PDF. Se abrirá un documento PDF que se puede imprimir.

# DOCUMENTOS PARA REGRESAR A LA ESCUELA

## 1 – TARJETA DE EMERGENCIA (Firmada)

Test Star 2013-2014		Hope View School	
Student Emergency Card		7/29/2014	
<b>Student Information</b>			
Form ID	Last Name	First Name	Middle Name
19304	Star		
Sex	Grade	Birthdate	
M	8	1/25/2011	
<b>Parent Address</b>			
1628 Hickory St Fountain Valley, CA 92708			
<b>Parent Contact</b>			
Primary Phone	(714) 847-2551	Ext	0000
Father's work	(714) 847-2551	Ext	0000
<b>Emergency Contacts</b>			
Relationship	Name	Mobile	Phone
Father		(714) 847-2551	
Uncle			
Doctor/Physician			
<b>Medical Information</b>			
Health Problem			
Allergies / Food	Grade	Age	Date
Parent Comment: Peanut - severe	8		8/12/2014
<b>Prescriptions</b>			
Prescription Name	Start Date	End Date	
*PRESCRIPTION MED 1 (pat name in c)	8	8/12/2014	8/29/2014
Parent Comment: Abused 2 (pat name in c)			
*PRESCRIPTION MED 2 (pat name in c)	1	8/12/2014	8/29/2014
Parent Comment: Epilepsy-related; peanut allergy			
<b>Authorizations</b>			
Authorization Type	Authorization Code	Date	Status Or Status
Health Authorizations	HE HEALTH INSURANCE	8/29/2014	8/29/2014 Consent
OTC Authorized Product-Parent Supplied	OC CONTACT LENS SOLUTIONS/ALINE	8/29/2014	8/29/2014 Consent
Photo/Video Release	SR SCHOOL/DISTRICT RELEASE (Media DVCS)	8/17/2014	8/17/2014 Consent
Photo/Video Release	SR MEDIA RELEASE (Media DVCS)	8/17/2014	8/17/2014 No Consent
Report Cards	RC ELECTRONIC REPORT CARDS-NOT Printed	8/17/2014	8/17/2014 Consent
Health Authorizations	ER EMERGENCY TREATMENT RELEASE	8/17/2014	8/17/2014 No Consent
OTC Authorized Product-Parent Supplied	OR NON-RECYCLED SP BALM	8/17/2014	8/17/2014 Consent
OTC Authorized Product-Parent Supplied	OR TOPICAL ORAL ANESTHETIC	8/17/2014	8/17/2014 Consent
OTC Authorized Product-Parent Supplied	OR SKIN/PERINEAL DENTIFICATION/CREAM	8/17/2014	8/17/2014 Consent
OTC Authorized Product-Parent Supplied	OR NON-RECYCLED TIGHT TIGHT LOGGINGES	8/17/2014	8/17/2014 Consent
OTC Authorized Product-Parent Supplied	OY HYDROCORTHISONE CREAM 0.5-1%	8/17/2014	8/17/2014 Consent
OTC Authorized Product-Parent Supplied	OZ ANTACIDS	8/17/2014	8/17/2014 Consent
OTC Authorized Product-School Supplied	OA ALCOHOL BOPROPYLL	8/17/2014	8/17/2014 Consent

Form ID	Last Name	First Name	Middle Name	Sex	Grade	Birthdate
19304	Star			M	8	1/25/2011
<b>Student Information</b>						
OTC Authorized Product-School Supplied	OO DENTAL WAX	8/17/2014	8/17/2014	No Consent		
OTC Authorized Product-School Supplied	OE EVE WAXER	8/17/2014	8/17/2014	Consent		
OTC Authorized Product-School Supplied	OO SALT WATER GARGLE	8/17/2014	8/17/2014	Consent		
OTC Authorized Product-School Supplied	OH HYDROGEN PEROXIDE	8/17/2014	8/17/2014	Consent		
OTC Authorized Product-School Supplied	OL CALAMINE LOTION	8/17/2014	8/17/2014	Consent		
OTC Authorized Product-School Supplied	OO ANTI-BACTERIAL OINTMENT/CREAM	8/17/2014	8/17/2014	Consent		
OTC Authorized Product-School Supplied	OP PETERLUM JELLY	8/17/2014	8/17/2014	No Consent		
OTC Authorized Product-School Supplied	OR EUCERIN/UREDERMION	8/17/2014	8/17/2014	Consent		
OTC Authorized Product-School Supplied	OO ANTI-BACTERIAL SOAP	8/17/2014	8/17/2014	Consent		
OTC Authorized Product-School Supplied	OT BZK TOWELETTES	8/17/2014	8/17/2014	Consent		
<b>Signatures</b>						
Parent/Guardian Signature:		Date:				

## 2 – RESUMEN DE VERIFICACION (Firmado y rubricado por uno de los padres y el alumno)

OCEAN VIEW SCHOOL DISTRICT		
COMPULSORY EDUCATION LAW		
Student's Name:	PLEASE PRINT	Grade:
Students must be in school to take advantage of the educational opportunities available to them. The California Legislature defines a truant in very precise language.		
<b>Education Code Section 48200:</b> "Each person between the ages of 6 and 18 years... is subject to compulsory full-time education. Each person subject to compulsory full-time education and each person subject to compulsory continuation education... shall attend the public full-time day school... for the full time designated as the length of the school day... and each parent, guardian, or other person having control or charge of such pupil shall send the pupil to the public full-time day school... for the full time designated as the length of the school day."		
<b>Education Code Section 48250:</b> "A pupil subject to compulsory full-time education or to compulsory continuation education who is absent from school without a valid excuse three days full days in one school year or any combination thereof is a truant... if the absence is for more than a 30 minute period during the school day without a valid excuse on three occasions in one school year, or any combination thereof, is a truant and shall be reported to the attendance supervisor or the superintendent of the school district."		
Truancy may result in:		
<ul style="list-style-type: none"> <li>Detention</li> <li>Friday or Saturday School</li> <li>Referral to the District Attorney Truancy Parent Meeting</li> <li>Referral to the School Attendance Review Board (SARB)</li> <li>Referral to Probation and/or Juvenile Court</li> </ul>		
It is the responsibility of parents and students to comply with California's Compulsory Education Law.		
LAW AGAINST DANGEROUS OBJECTS		
<b>ATTENTION ALL STUDENTS:</b> It is against the law to have dangerous objects at school.		
A student who has a firearm (such as a pistol, gun, or rifle, or any look-alike (replica) firearm) at school may be recommended for expulsion from the District. The local law enforcement will be notified, and the student may be subject to arrest.		
A student who has a knife at school may be recommended for expulsion from the District. The local law enforcement will be notified, and the student may be subject to arrest.		
A student who uses an object in a manner that poses a danger to students and/or school staff may be suspended from school, and may be recommended for expulsion from the District. Also, the local law enforcement will be notified, and the student may be subject to arrest.		
If there is reasonable suspicion that a student possesses a dangerous object, that student may be searched.		
If there is reasonable suspicion that a student has an illegal or dangerous object in his/her desk, locker or backpack, a search may be made of that student's desk, locker or backpack.		

Annual Notification to Parents/Guardians/Students		
As the parent/guardian of the above named student, I verify that my child and I have read and understand the information as read on the Annual Notification to Parents/Guardians 2014-2015 web page, and agree to abide by the policies of the Ocean View School District. The Notification includes guidelines on the following which can be found on our website at www.ovsd.org. A hard copy of the Annual Notification is available at the school office.		
<input checked="" type="checkbox"/> Student Discipline <input checked="" type="checkbox"/> Student Records <input checked="" type="checkbox"/> Release of Information <input checked="" type="checkbox"/> Health and Safety <input checked="" type="checkbox"/> Attendance <input checked="" type="checkbox"/> Non-Discrimination <input checked="" type="checkbox"/> Study with Disabilities	<input checked="" type="checkbox"/> FERPA <input checked="" type="checkbox"/> Particles <input checked="" type="checkbox"/> Attendance Options <input checked="" type="checkbox"/> Excused Absences <input checked="" type="checkbox"/> Notice of Alternative Schools <input checked="" type="checkbox"/> Sexual Harassment Policy <input checked="" type="checkbox"/> Education Code §48200	<input checked="" type="checkbox"/> Uniform Complaint Procedures <input checked="" type="checkbox"/> Visitors/Overtures Policy <input checked="" type="checkbox"/> Parent Involvement Policy <input checked="" type="checkbox"/> Type II Diabetes Information <input checked="" type="checkbox"/> Minimum Day Schedule <input checked="" type="checkbox"/> Acceptable Use Agreement for Electronic Resources
Verification Summary:		
I hereby acknowledge that I have read the <u>Compulsory Education Law Notification</u> and agree to abide by the rules and expectations contained therein.	<input type="text"/> Student Signature <input type="text"/> Date	
I hereby acknowledge that I have read the <u>Law Against Dangerous Objects Notification</u> and agree to abide by the rules and expectations contained therein.	<input type="text"/> Student Signature <input type="text"/> Date	
I hereby acknowledge that I have read the <u>OSD Annual Notification of Parent/Student Rights and Responsibilities</u> and agree to abide by the rules and expectations contained therein.	<input type="text"/> Student Signature <input type="text"/> Date	
I hereby acknowledge and verify that the information entered during the online (electronic) data confirmation process for my child regarding the administration of Over the Counter Products is accurate. I request that my child be assisted by authorized persons at my child's school in the administration of Over the Counter Products that I identified and approved electronically, in compliance with OSVD's established policies and procedures.	<input type="text"/> Parent/Guardian Signature <input type="text"/> Date	
Parent/Guardian and student must read, sign and initial boxes in acknowledgement. Return both forms to your school. Education Code §48922 requires parents to return a signed card as an acknowledgement of being informed as required by existing statutes.		

PLEASE CONFIRM THAT THE INFORMATION ON THE PREVIOUS TABS IS CORRECT

- Student Demographics
- Contacts
- Medical Information
- Authorizations and Prohibitions

**CONGRATULATIONS!** You have completed your Annual Verification of Enrollment.

Reminder: Don't forget to bring the following to Pre-Sale Day on August 27th:

- SIGNED Emergency Card
- INITIALED and SIGNED Verification Summary Document (by both Parents and Students)

### FOOD & NUTRITION SERVICES:

If you have not already done so, you may follow the links below to our Food & Nutrition Services website.

- It's not just about meals anymore! Learn if you qualify for free or reduced price meals for your student(s) based on income and household size.
- Please, submit only ONE application per household.
- We encourage all to apply!! Even if you choose NOT to participate in the program, your APPROVED application MAXIMIZES FUNDING FOR YOUR SCHOOLS through the new Local Control Funding Formula.

Choose from the following links:

- To learn if you qualify and to apply for free/reduced priced meals [click here.](#)
- To set up your lunch account at My School Bucks [click here.](#)
- For more information about "Local Control Funding" [click here.](#)

Print New Emergency Card

## SERVICIOS DE ALIMENTACIÓN Y NUTRICIÓN:

Si aún no lo ha hecho, aquí hay enlaces para inscribirse y configurar sus cuentas.

# ¡Felicidades! ¡Ha terminado!