

TRAVIS USD ONLINE PARENT PORTAL DATA CONFIRMATION PROCESS

Travis Unified School District



THANK YOU FOR UPDATING YOUR TRAVIS UNIFIED INFORMATION!

WHAT IS IT?

The Online Portal allows you to update your child's current information on our student information system. By updating online, you will have access to all of the documents electronically and save a great deal of time!

The following items can be updated via the Online Portal:

- Home Address Changes (Need site confirmation and approval)
- Primary Phone Numbers (Home – Work – Cell)
- Parent Email (For Attendance & School Alerts)
- Emergency Contacts (Add / Change / Delete)
- Medical History
- Online Document Confirmation (Technology Use Agreement, etc.)
- Authorizations (Annual Notification of Rights & Responsibilities, etc.)



HOW OFTEN DO WE UPDATE THE INFORMATION?

You will update at least twice per year:

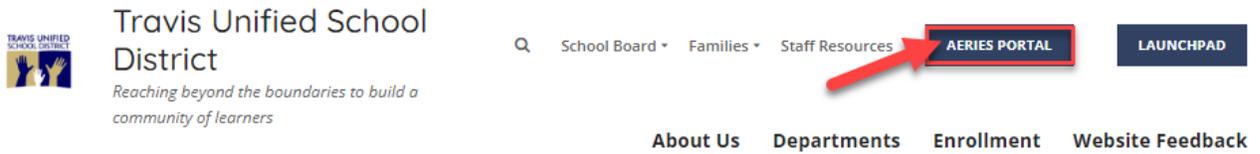
- Before the first day of the school year
- Middle of the school year

**We will send a reminder to your email, text, or phone when the time comes to apply any changes or updates.

HOW DO I GET STARTED?

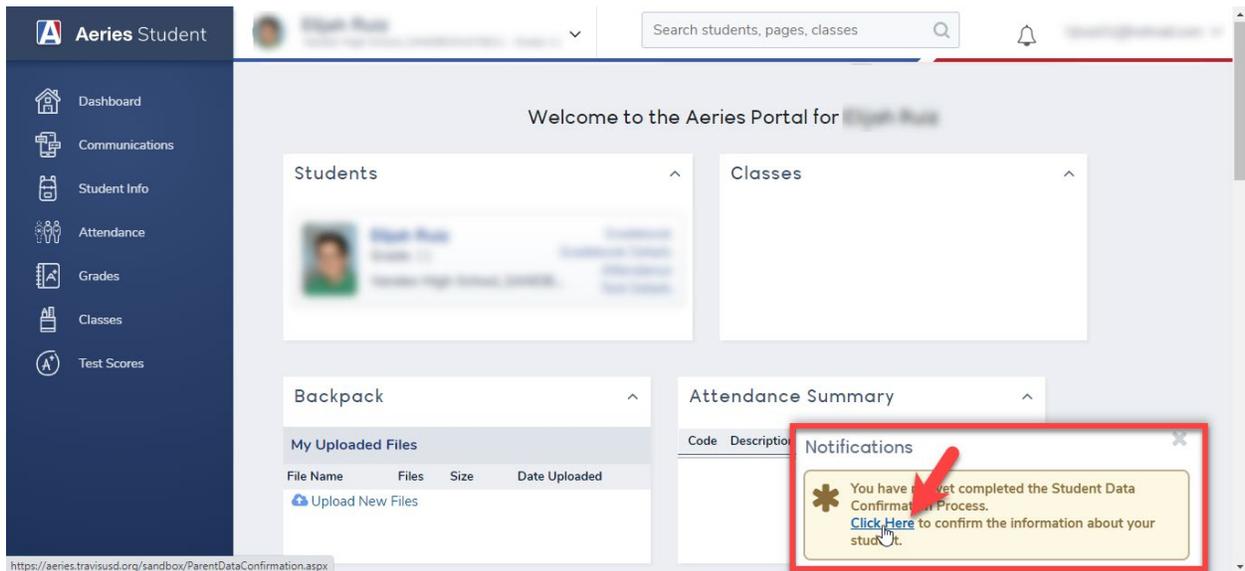
Visit the Travis Unified School District website at www.travisusd.org

On the home page banner, click on the Aeries Portal button in the upper right corner.



After you log into your parent portal, you'll see a notification on the bottom right indicating if you have not completed Data Confirmation.

Click on the link underlined as shown in the screenshot below to begin the Data Confirmation process.



THE SCREENS

(1) FAMILY INFORMATION

This screen is surveying information regarding foster, military, and housing. This information helps the district direct additional resources to support your child(ren).

Please select the most appropriate options.

Please update all information.

1 Family Information

2 Income

3 Student

4 Contacts

5 Medical History

6 Documents

7 Authorizations

8 Requested Documents

9 Final Data Confirmation

Confirm and Continue

General Contact Add'l Info Programs 0 User Codes ▾

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

This student is not in foster care

This student is in foster care

Please select whether or not at least one parent/guardian of this student is active in the United States Armed Forces (Army, Navy, Air Force, Marine Corps, or Coast Guard):

Yes, at least one parent/guardian of this student is active in the United States Armed Forces on Active Duty OR serves full-time on National Guard Duty.

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

Travis USD makes every effort to support our McKinney-Vento (Homeless) students and families.

For information and support, please contact our [Community Liaison](#) to learn about help with applying for free meals, school supplies and other questions and assistance with other challenges our homeless youth and families face every day.

Family Liaison: Margarita Leon Alvarado
mleonvarado@travisusd.org
(707) 437-4604 x1198

You can enroll in School Flier - English Tu puedes inscribirte en la escuela - Espanol

Housing and Homelessness Resources Public Assistance

Solano County Health and Social Services: [Solano County Website](#)

A paper version of this survey can be provided by the Student Services Department at the District Office. You may call the office at (707) 437-4604x1114

Please select one of the following options to complete the Housing Questionnaire:

- Staying in a shelter (family shelter, domestic violence shelter, youth shelter) or Federal Emergency Management Agency (FEMA) trailer.
- Temporarily living in a motel or hotel due to loss of housing, economic hardship, natural disaster, or similar reason.
- Sharing housing with other(s) due to loss of housing, economic hardship, natural disaster, lack of adequate housing, or similar reason.
- Living in a car, park, campground, abandoned building, or other inadequate accommodations (i.e. lack of water, electricity, or heat).
- Living in a single-home residence that is permanent.

Unaccompanied Youth

- Unaccompanied Youth I am a student under the age of 18 and living apart from parent(s) or guardian

Your child or children may have the right to:

- Immediate enrollment in the school they last attended (school of origin) or the local school where you are currently staying, even if you do not have all the documents normally required at the time of enrollment.
- Continue to attend their school of origin, if requested by you and it is in the best interest.
- Receive transportation to and from their school of origin, the same special programs and services, if needed, as provided to all other children, including free meals and Title I.
- Receive the full protections and services provided under all federal and state laws, as it relates to homeless children, youth, and their families.

Please list all children currently living with you.

Additional Children					 Add
Name	Gender	Birthdate	Grade	School Name	

If you have any questions about these rights, please contact your LEA's Homeless Liaison:

Name: Allyson Rude Azevedo
Phone Number: 707-437-4604 x1215
Email Address: aazevedo@travisusd.org

Click "Confirm and Continue" when all sections have been updated.

(2) INCOME

This information allows the district to receive more funding that can go towards programs and services that will help your child(ren) better succeed, which may include but is not limited to free and reduced lunch, free bus passes, free AP testing at Vanden, and letters for reduced internet eligibility. Information provided is confidential.

If you would like to complete the survey, make the appropriate selections and then click "Confirm and Continue."

If you would not like to complete the survey, you can skip the survey by not checking any boxes, then click "Confirm and Continue."

Please update all information.

- 1 Family Information
- 2 Income**
- 3 Student
- 4 Contacts
- 5 Medical History
- 6 Documents
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Confirm and Continue

This survey collects limited financial data from our families. This information allows the district to receive more funding that can go towards programs and services that will help your child(ren) better succeed, which may include but is not limited to free and reduced lunch, free bus passes, free AP testing at Vanden, and letters for reduced internet eligibility. Information provided is confidential.

If you would like to complete the survey, make the appropriate selections and then click "Confirm and Continue."

If you would not like to complete the survey, you can skip the survey by not checking any boxes, then click "Confirm and Continue."

How many people are in your household?

1 2 3 4 5 More

What is your total monthly household income?

\$1396 or less

\$1397 - \$1986

\$1987 or greater

(3) STUDENT

Please review and update your current information.

If you have no changes, click "Confirm and Continue."

Please update all information.

Family Information

Income

3 Student

4 Contacts

5 Medical History

6 Documents

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Confirm and Continue

Please review and update.

We are committed to providing the best possible education for all students. To do this, we need to understand the diverse backgrounds of our student body.

Please provide your child's race and ethnicity information to help us ensure that all students receive the support and resources they need to thrive. Rest assured, this information is confidential and will only be used to improve our educational programs and services.

Student Demographics

	Notes
Parent/Guardian	This field is used to address mailings from the school if applicable.
Mailing Address	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)	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	
Father's Work	
Mother's Work	
Correspondence Language	Letters and Report Cards sent home from the school will be sent in this language. Not all languages listed are supported by the district.
Ethnicity?	Is this student Hispanic or Latino? No
Race(s)	White

[Change](#)

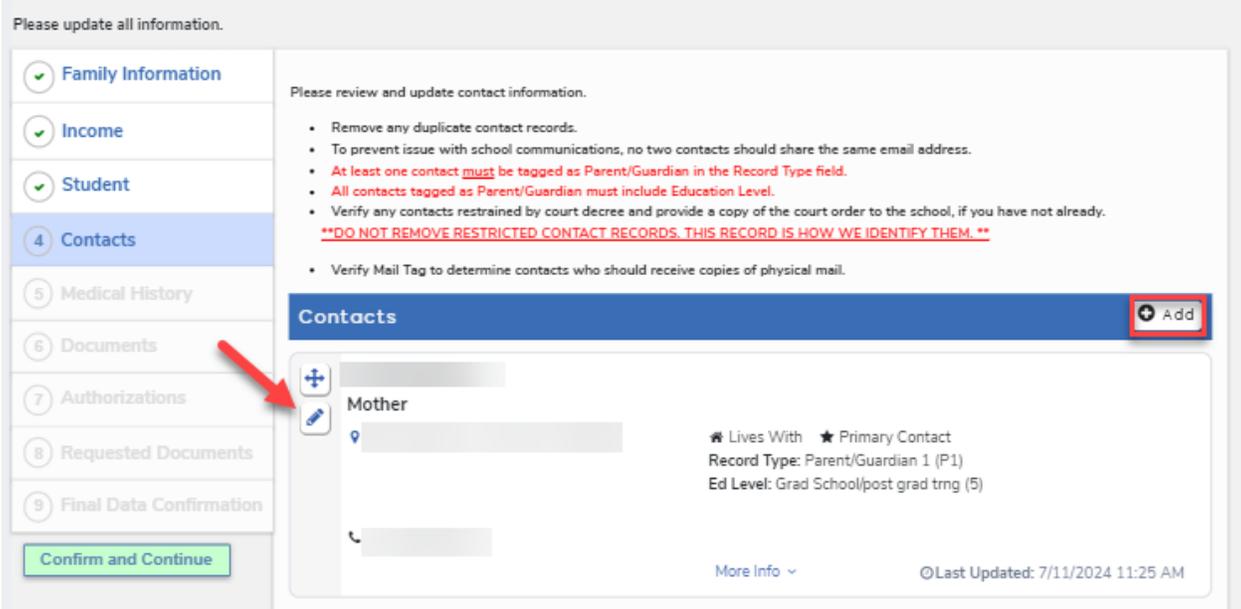
If there are changes, click the "Change" button to make your modifications and click "Save" at the bottom of the screen.

Student Demographics		Notes
Parent/Guardian	<input type="text"/>	This field is used to address mailings from the school if applicable.
Mailing Address	<input type="text"/> City: Vacaville State: CA Zip: 95688 - <input type="text"/>	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)	<input type="text"/> City: Vacaville State: CA Zip: 95688 - <input type="text"/>	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	<input type="text"/>	
Father's Work	<input type="text"/>	
Mother's Work	<input type="text"/>	
Correspondence Language	<input type="text"/>	Letters and Report Cards sent home from the school will be sent in this language. Not all languages listed are supported by the district.
Ethnicity?	Is this student Hispanic or Latino? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Race(s)	What is the race of this student? You may select up to five. <input 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 checked="" type="checkbox"/> White Additional Definitions: American Indian or Alaskan Native: A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment. Black or African American: A person having origins in any of the black racial groups of Africa. White: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.	

Click "Confirm and Continue" to complete the next step.

(4) CONTACTS (PARENTS / EMERGENCY CONTACTS)

Your child's emergency contacts will appear. If there are no changes, click "Confirm and Continue."



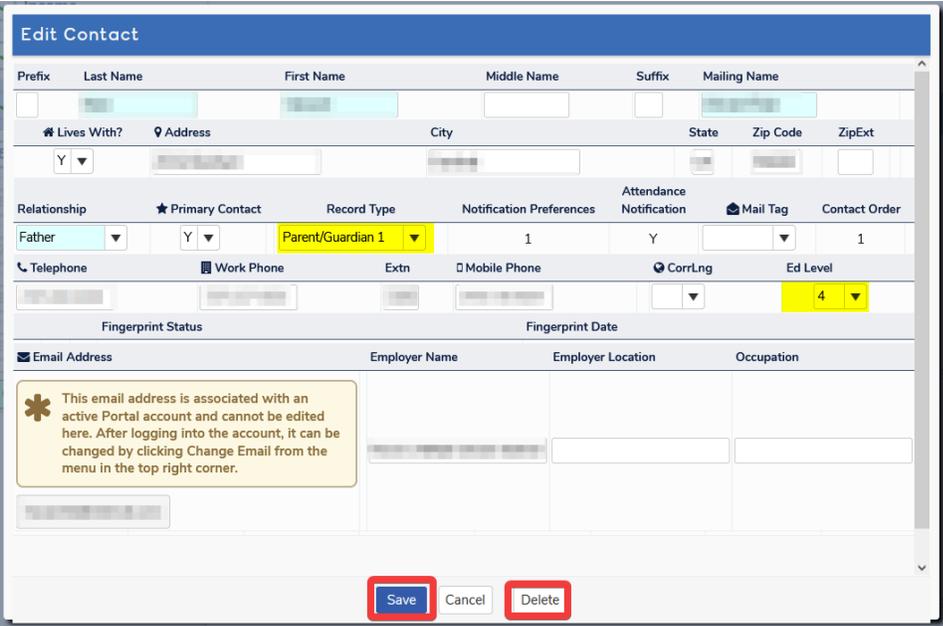
To add a new contact, click on the "Add" button on the top right.

To change/delete a contact, click on the pencil icon next to their name. A box will appear to make the changes in.

To change their information, update the appropriate boxes and click "Save" at the bottom.

IMPORTANT: At least one contact must have a **Record Type** of Parent/Guardian and an **Ed Level** specified (see highlighted fields in the below image)

To delete the contact, click "Delete" at the bottom.



When finished, click "Confirm and Continue" to complete the next step.

(5) MEDICAL HISTORY

Update or delete your child's medical information.

You can delete by clicking "No Longer Applies." Click "Save" under the section you have updated and then select "Confirm and Continue."

Please make sure to update your child's environmental and food-based allergies.

IMPORTANT: The district nurse will still need copies of your child's immunization records.

Please update all information.

- Family Information
- Income
- Student
- Contacts
- 5 Medical History**
- 6 Documents
- 7 Authorizations
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Check any health concerns or conditions that your child has in the boxes below.
Please note that allergy selections have changed. **You must review** all student food-based allergies.
Medication orders signed by your doctor are **mandatory for all prescribed or over the counter medications.**
You can find all medication authorization forms on the Travis USD website under the Student Services\Health Services tab. <https://www.travisusd.org/Page/1501>

Medical History and Current Medical Conditions					
Condition	Effective Date	Age	Grade	Comment	
Allergy - Food - Gluten	07/11/2022	0	0		No Longer Applies
Asthma-moderate	10/30/2013	8	3		No Longer Applies

Save

Additional Conditions Please Check All That Apply

<input type="checkbox"/> Anxiety (With Dr. Note)	<input type="checkbox"/> Allergy - Food - Treenut / peanut	<input type="checkbox"/> Takes Medication
<input type="checkbox"/> Tic Related Disorders (With Dr. Note)	<input type="checkbox"/> Allergy - Food - Eggs	<input type="checkbox"/> None
<input type="checkbox"/> Asthma-severe	<input type="checkbox"/> Allergy - Food - Dairy / Lactose Intolerant	<input type="checkbox"/> Orthopedic Impairment (OI)
<input type="checkbox"/> Allergy - Drug - Amoxicillin / Penicillin	<input type="checkbox"/> Allergy - Food - Fruit / Vegetables	<input type="checkbox"/> Other significant health problem
<input type="checkbox"/> Allergy - Drug - Other	<input type="checkbox"/> Allergy - Food - Other	<input type="checkbox"/> RX-emergency in health office
<input type="checkbox"/> Allergy - Environmental - Seasonal	<input type="checkbox"/> Cerebral Palsey	<input type="checkbox"/> Seizure disorders
<input type="checkbox"/> Allergy - Environmental - Pollen	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Speech or Language Impairment (SLI)
<input type="checkbox"/> Allergy - Environmental - Bee Stings	<input type="checkbox"/> Hard of Hearing (HH)	<input type="checkbox"/> Traumatic Brain Injury (TBI)
<input type="checkbox"/> Allergy - Environmental - Animal Dander	<input type="checkbox"/> Heart	<input type="checkbox"/> Visual Impairment (VI)
<input type="checkbox"/> Allergy - Environmental - Other	<input type="checkbox"/> Hypoglycemia	<input type="checkbox"/> Wheelchair

Save

Confirm and Continue

(6) DOCUMENTS

Travis Unified will be adding important documents to this section for you to read and acknowledge.

Click on each document, review it, and check the box next to the document." (***These documents are accessible from the Online Portal at any time.***)

****Note: The documents may differ from site to site.***

After each document has been reviewed, click "Confirm and Continue."

Please update all information.

Please review each document. Check the box when finished. You may print a copy for your records.

Family Information

Income

Student

Contacts

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9 Final Data Confirmation

Confirm and Continue

Documents

Travis USD Annual Notification of Rights & Responsibilities 2024-25
*Required

I have acknowledged the document

Proof of Residence Information Letter 2023-24
*Required

I have acknowledged the document

Free Meal Application
*Required

To apply or learn more about free or reduced meals, please [click here for the Free and Reduced Priced Meal Application](#).
The free or reduced meals application must be completed and submitted annually.

I have acknowledged the document

Student Accident Insurance Parent Brochure
*Required

The district does not provide accident insurance on individual students. However, you may purchase accidental insurance coverage for your child while on school grounds or in school buildings during the time your child is required to be at school. The provider of this insurance is Pacific Educators, Inc. Please see the Parent Brochure or go to <https://www.peinsurance.com/products/student-insurance/student-accident-insurance/> to learn more.

I have acknowledged the document

(7) AUTHORIZATIONS

Travis Unified will be adding important Authorizations to this section for you to read and acknowledge. Make the appropriate selection for each item and click "Save" at the bottom of the screen.

When finished, click "Confirm and Continue."

Please update all information.

- Family Information
- Income
- Student
- Contacts
- Medical History
- Documents
- 7 Authorizations**
- 8 Requested Documents
- 9 Final Data Confirmation
- Confirm and Continue**

Review and update authorizations.

After you've made your status updates, scroll down to the bottom of the page and click Save before clicking on "Confirm and Continue".

Authorizations and Prohibitions	
Description	Status
Use of Technology and Internet LEAVE BLANK if you wish your child to have access to district provided Internet when using electronic devices at school. CHECK THE BOX if you <u>DO NOT</u> wish your child to have access to district provided Internet when using electronic devices at school.	<input type="checkbox"/> Decline
Publications, Videos, Internet Release LEAVE BLANK to allow Travis USD to use student photos that promote our school district's positive activities. The parent/guardian agrees that their child's name, picture, art, written work, voice, verbal statements, portraits (video or still) shall only be used for public relations, public information, school or district promotion, publicity, and instruction. CHECK THE BOX if you <u>DO NOT</u> allow for your child's photo to be used for this purpose.	<input type="checkbox"/> Decline
Records Release LEAVE BLANK to allow the district to release directory information regarding your child. CHECK THE BOX if you <u>DO NOT</u> allow the district to release directory information regarding your child.	<input type="checkbox"/> Decline
* Authorization for Emergency Medical Treatment I, the parent/guardian hereby authorize and consent to any x-ray, examination, anesthetic, medical, or surgical diagnosis, treatment, and/or hospital care which may be rendered to my child in an emergency. This authorization shall remain in effect for the current school year unless revoked in writing and delivered to the principal of the school my child attends. I understand the school district does not provide medical or accident insurance for my student. I understand that all costs of paramedic transportation, hospitalization, medical examination, x-rays, or treatment provided will be my responsibility. I understand the school district does not provide medical or accident insurance for my child. I understand that all costs of paramedic transportation, hospitalization, medical examination, x-rays, or treatment provided will be my responsibility.	<input checked="" type="checkbox"/> Agree <input type="checkbox"/> Decline
* Parent/Guardian Acknowledgement I, the parent/guardian agree to the terms and conditions of the "Parent/Guardian Acknowledgement" located in the "Documents" section.	<input checked="" type="checkbox"/> Agree <input type="checkbox"/> Decline
* Acknowledgement of Receipt of Parent/Guardian Rights As referenced in the Annual Notification of Rights and Responsibilities located in the "Documents" section.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
* Acknowledgement of Receipt of Policy of Student Discipline & Uniform Complaint Procedures As referenced in the Annual Notification of Rights and Responsibilities located in the "Documents" section.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
* Acknowledgement of Receipt of Policy on Promotion/Acceleration/Retention As referenced in the Annual Notification of Rights and Responsibilities located in the "Documents" section.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
* Acknowledgement of Receipt of Policy on Release of Directory Information As referenced in the Annual Notification of Rights and Responsibilities located in the "Documents" section.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
* Acknowledgement of Receipt of Policy on Acceptable Use of Electronic Information Resources As referenced in the Annual Notification of Rights and Responsibilities located in the "Documents" section.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
* Acknowledgement that the Travis Unified School District does not provide medical, dental, or accident insurance for students As referenced in the Annual Notification of Rights and Responsibilities located in the "Documents" section.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
* Response Required	

[Save](#)

(8) REQUESTED DOCUMENTS

Travis Unified requires 2 Proofs of Residence.

Upload the documents by clicking on "Select documents..."

Please update all information.

<input checked="" type="checkbox"/> Family Information	<p>Travis Unified requires 2 Proofs of Residence:</p> <ul style="list-style-type: none">On an annual basis, you will be required to verify the accuracy of your contact information, review details for the upcoming year, complete additional forms, and provide 2 proofs of residency.If you are pre-enrolling your child for next school year, you will be required to 2 provide proofs of residency now and during the annual Data Confirmation processAcceptable Proofs of Residency: (Documents must be dated within 30 days of submission)<ul style="list-style-type: none">PG&E, water, garbage, or cable billLease or Rental agreementPurchase Agreement (New Construction Homes ONLY)Renter's Insurance, TLF Receipt, Family Camp Receipt, Phone Bill, Temporary Housing Letter from Balfour (TAFB Residents ONLY)Inbound Active Duty Members:<ul style="list-style-type: none">PCS OrdersTLF Confirmation Reservation <p>Upon arrival to Travis Air Force Base you have 10 days to submit a TLF receipt. You must submit one more proof of residence within 30 days after your base housing agreement has been signed.</p> <p>If you are unable to upload at this time, please submit directly to the school site.</p> <p>Proof of Residency 1</p> <p>Click "Select documents..." below to upload your first document</p> <p>Files</p> <p>Select documents...</p> <p>Proof of Residency 2</p> <p>Click "Select documents..." below to upload your second document</p> <p>Files</p> <p>Select documents...</p>
<input checked="" type="checkbox"/> Income	
<input checked="" type="checkbox"/> Student	
<input checked="" type="checkbox"/> Contacts	
<input checked="" type="checkbox"/> Medical History	
<input checked="" type="checkbox"/> Documents	
<input checked="" type="checkbox"/> Authorizations	
8 Requested Documents	
9 Final Data Confirmation	
<input type="button" value="Confirm and Continue"/>	

(9) FINAL DATA CONFIRMATION

Double check that all information is accurate by reviewing each of the tabs.

When complete, click "Confirm and Continue."

Please update all information.

<input checked="" type="checkbox"/> Family Information	<p>Please confirm that all information is accurate by reviewing each of the tabs. Click Finish and Submit when complete.</p>
<input checked="" type="checkbox"/> Income	
<input checked="" type="checkbox"/> Student	
<input checked="" type="checkbox"/> Contacts	
<input checked="" type="checkbox"/> Medical History	
<input checked="" type="checkbox"/> Documents	
<input checked="" type="checkbox"/> Authorizations	
<input checked="" type="checkbox"/> Requested Documents	
<input checked="" type="checkbox"/> 9 Final Data Confirmation	
<input type="button" value="Confirm and Continue"/>	

The final screen will appear to confirm your completion of the Data Confirmation process.

Please update all information.

<input checked="" type="checkbox"/> Family Information	<p>Thank you for confirming the student data in the system.</p> <h3>Thank you for using the Travis USD Online Data Confirmation process.</h3>  <p>Please note that you will need to provide proof of residency to your school site if you have made any changes to your home address.</p> <p>Please contact your school site if you have any questions.</p>
<input checked="" type="checkbox"/> Income	
<input checked="" type="checkbox"/> Student	
<input checked="" type="checkbox"/> Contacts	
<input checked="" type="checkbox"/> Medical History	
<input checked="" type="checkbox"/> Documents	
<input checked="" type="checkbox"/> Authorizations	
<input checked="" type="checkbox"/> Requested Documents	
<input checked="" type="checkbox"/> Final Data Confirmation	

****You may be required to provide proof of residency prior to your child attending school***

NEXT STEPS

You will receive an email confirmation receipt.

 Reply  Reply All  Forward  IM

From: DoNotReply_Aeries@travisusd.org

Date: 6/29/17 7:36 PM (GMT-08:00)

To: @hotmail.com

Subject: Student Data Confirmation for:  (School #=21, Student #=, Permanent ID=)

DATA CONFIRMATION RECEIPT

Thank you for confirming the data for your student: 

Having accurate information greatly helps the school maintain a healthy and safe learning environment.

This email confirms that you have completed the data confirmation process.

WHAT IF MY INFORMATION CHANGES DURING THE YEAR?

Please do not hesitate to contact the school if any of your child's information changes after the Data Confirmation period.

****It is vital that the school has the most up-to-date contact information in the event of an emergency.****

THANK YOU FOR COMPLETING THE ONLINE DATA CONFIRMATION PROCESS!

