SALEM-KEIZER
SHULE ZA UMMA

MAANDALIZI YA FAMILIA

Taarifa na Nyenzo

Angalia sahisho la nyenzo

Imetolewa kutoka kwenye habari ilikusanywa na Kituo cha Sheria cha Oregon na Mtandao wa Latino| January 2025 Toleo la 1.0

Ndani Kuna Nini

Orodha ya Nyaraka Muhimu

Kila familia inatakiwa kujianda na dharura. Wazazi wanaweza kupanga mtu wa kuwaangalia watoto wao ikitokea kushikiliwa,kufukuzwa,kufungiwa au hapatikani kwa kipindi cha muda.

Jina la Mtu Unayemwamini: _____

Kusanya hizi nyaraka sasa na uweke sehemu salama na uweke sehemu ya siri

- Taarifa ya mawasiliano ya dharura ya shule ya mtoto
- Dawa za mtoto wako na mahali Karatasi ya sindano za chanjo ya mtoto wako.
- Cheti cha kuzaliwa mtoto wako (Kutoka Amerika au nchi nyingine)
- Hati ya kusafiria ya mtoto wako (Angalia tarehe ya kuisha muda wake)
- Kadi ya Usalama wa Jamii ya Mtoto(SSN)
- Madaraka ya Wasimamizi kama Wazazi/Mlezi
- Hati ya Kiapo ya Mlezi
- Namba muhimu za simu na taarifa nyingine za mawasiliano
- Wazazi wanapaswa kuwa na barua pepe au mitandao ya kijamii inayofanyakazi na inaweza kupatikana sehemu zozote duniani

Vitu vingine vya kukusanya na kuweka mahali salama.

- Funguo za ziada za nyumba,magari , Kifaa cha
- kuweka vitu salama,Taarifa za fedha la sanduku la barua
- Hati ya kiapo kwa taarifa za benki
- Taarifa za Ugonjwa
- Hati za Magari
- Hati ya Nyumba
- Akiba ya Baadaye

Mapendekezo mengine

- Weka anuani ya kukutania mahali salama
- Weka neno au alama ya siri kwa familia
- Ongeza namba ya mtu wa dharura kwenye simu ya mtoto

VIKWAZO VYA KUTOA TAARIFA ZA SARAKA

Kamilisha tu ikiwa unataka kuzuia ufichuzi wa habari ya saraka

Taarifa za saraka ni taarifa binafsi zinazomtambua mwanafunzi kwenye masomo ambayo haina madhara au kuingilia usiri wake kama zitaachiliwa. Kwa mfano inajumuisha jina la mwanafunzi; jina la mzazi/mlezi, barua pepe na namba ya simu; barua pepe ya mwanafunzi; na picha. Fomu hii hi halali kutoka siku hii kwenda mbele kwa mwaka wa shule ya sasa tu.

UCHAGUZI - HAKUNA VIKWAZO

Wilaya inaweza kutoa taarifa za saraka. Hakuna haja ya kujaza hii fomu.

VIKWAZO VIDOGO

Wilaya inaweza KUTOA TAARIFA za saraka, ISIPOKUWA (Weka alama kote kunako kubalika):

☐ **Hakuna Saraka ya Shule / Vikundi Vinavyohusiana na Shule - Sitaki** jina langu, jina la mwanafunzi wangu au taarifa zozote za familia kutolewa kwenye vikundi vya shule kama vile PTA na klabu ya boosta. Ninaelewa kuwa, hii inamaanisha mwanafunzi wangu hatajumuishwa kwenye saraka ya shule.

☐ **Hakuna kitabu cha Mwaka / Matumizi ya Picha ya Darasa – Sitaki** Picha ya mwanafunzi wangu au jina litokee kwenye kitabu cha mwaka au kwenye picha ya darasa.

☐ **Hakuna Matangazo – sitaki** picha ya mwanafunzi wangu, video au jina kutumika shule au kwenye tuvuti ya wilaya, mitandao ya kijamii au kwenye machapisho yeyote na wilaya. Kwa kiwango cha kufikia vyombo vya habari kutoa ripoti za programu ya shule na mada wakati wa masomo, sitaki vyombo vya habari kumhoji mwanafunzi wangu kwa kumtambua mwanafunzi kwa jina, picha au video.

KUZUIA KABISA

☐ **Hakuna habari** ya wilaya **itakayotoa** taarifa yeyote ya saraka kuhusu mwanafunzi wangu. Ninaelewa kuwa hii inamaanisha habari kuhusiana na picha za mwanafunzi wangu hazitaonekana katika machapisho yeyote ya shule ambayo yanafanywa kwa umma kama vile vitabu vya mwaka, picha rasmi ya darasa, michezo, muziki, maagizo au programu ya mahafali na orodha za heshima. Hii pia inamaanisha kuwa jina langu na maelezo ya mawasiliano, na jina la mwanafunzi, havitolewa kwenye vikundi vya wazazi /walezi wa shule au PTO, ambao wanaweza kuchapisha saraka za wanafunzi. Hii pia inaamanisha kuwa sura ya mwanafunzi wangu na sauti havitatokea kwenye tuvuti ya wilaya, tuvuti ya mwalimu au kwenye machapisho yaliyotengenezwa na wilaya kwa upatikanaji wa umma.

Hili ndiyo chaguo linalozuia kabisa Kwa kuchagua hii ambayo linalozuia kabisa shule na wilaya kutokutoa taarifa ya saraka kuhusu mwanafunzi, inajumuisha taarifa za kawaida kama vile jina lao na picha. USICHAGUE HII kama unataka mwanafunzi wako atokee kwenye kitabu cha mwaka au picha ya darasa, kutambulika kwenye muziki au kwenye programu za uigizaji au kuorodheshwa kwenye timu. Badala yake weka alama kwenye moja au zaidi ya chaguzi za Baadhi ya Uchaguzi hapo juu
Tafadhali weka sahii na rudisha hii ofisini kama umesoma na kuelewa chaguzi hapo juu.

Jina la Mwanafunzi: _____ Tarehe ya Kuzaliwa: _____

Andika Jina la Mzazi/Mlezi: _____ Shule: _____

Sahihi ya Mzazi/Mlezi: _____ **Tarehe:** _____

Office: Record in Synergy and file in student's cumulative file

OBJECTION TO RELEASE OF DIRECTORY INFORMATION

Complete only if you wish to restrict the disclosure of directory information

Directory information is personally identifiable information in an education record which generally would not be considered harmful or an invasion of privacy if released. Examples include student name; parent/guardian name, email and telephone number; student email; and photograph. This form is valid from this day forward for the present school year only.

OPTIONS - NO RESTRICTION

The district may release directory information. You do not need to complete this form.

LIMITED RESTRICTION

The district MAY RELEASE directory information, EXCEPT (check all that apply):

☐ **No School Directory / School-Related Organizations – I do not** want my name, my student's name or any family contact information released to school-related organizations such as the PTA and booster clubs. I understand that this means my student will not be included in a school directory.

☐ **No Yearbook / Class Photos Use** – I **do not** want my student's photograph or name to appear in the yearbook or in official class photos.

No Publicity – do not want my student's photograph, video or name to be used on the school, or district website, social media, or in any district publication produced by and made available to the public by the district. To the extent that the district controls access by news media reporting on school programs and topics during school hours, I do not want the news media to identify my student by name, interview, photograph, or video.

COMPLETE RESTRICTION

No Information the district **may not release** any directory information about my student. I understand that this means that information about and pictures of my student will not appear in any school publications that are made public such as yearbooks, official class photos, athletics, music, drama or graduation programs, and honor lists. It also means that my name and contact information, and my student's name, will not be provided to the school PTO or other parent/guardian group, which may publish a student directory. It also means that my student's image and voice will not appear on the school website, a teacher website or in any publication produced by and made available to the public by the district.

This is the most restrictive option. Selecting this option restricts the school and district from releasing any personally identifiable directory information about a student, including basic details like their name or photo. DO NOT select this option if you wish your student to be in the yearbook or class photo, identified in a music or drama program or listed in a team roster. Instead, check one or more of the Limited Opt Out options above.

Please sign and return to the school office only if you have read and understand the options above.

Print Student Name: _____ Date of Birth: _____

Print Parent/Guardian Name: _____ School: _____

Parent/Guardian Signature: _____ **Date:** _____

Office: Record in Synergy and file in student's cumulative file

Madaraka ya Wasimamizi/Walezi

Ujumbe unametua mtu mwingine(inayoitwa “attorney in fact” kufanya maamuzi kuhusu mtoto/watoto wako badala ya mazazi/mlezi wa mtoto wako kisheria. **“attorney in fact” anaweza kuwa mtu yeyoyte wa kuaminika na siyo lazima kuwa mwanasheria.** Hii su amri ya mahakama. Inakubalika na wengi, lakini siyo wote, watu au mashirika kama uthibitisho kwamba mtu ana haki ya kisheria ya kufanya maamuzi kwa mtoto/watoto.

Nenda kwenye kukurasa zifuatazo ujaze fomu ya Madaraka na Kuvunja Nguvu ya Wazazi/Wasimamizi

Fomu ya Madaraka ya Nguvu ya Mzazi

Taarifa kwa mtu anayepokea fomu hii: ORS 109.056 inaruhusu mzazi au mlezi wa mtoto mdogo kumpatia madaraka kwa muda wa miezi sita (au miezi 12 kama huyo mtu ni msimamizi wa shule) kutumia mamlaka ya nguvu ya mzazi. Na kama utapokea fomu iliyowekwa saini, unatakiwa kumruhusu mtu aliyeandikwa kwenye fomu kufanya maamuzi kwa ajili ya mtoto mdogo aliyeandikwa kwenye fomu hii. Kama una maswali kuhusu wajibu wako baada ya kupokea hii fomu, tafadhali ongea na mwanasheria.

Mzazi au Mlezi Uhakiki

Mimi ninahakiki kuwa (Majina yako yote): _____
mzazi au mlezi wa watoto wadogo wafuatao:

_____ _____
Mtoto #1 Jina lake kamili Tarehe ya kuzaliwa

_____ _____
Mtoto #2 Jina lake kamili Tarehe ya kuzaliwa

_____ _____
Mtoto #3 Jina lake kamili Tarehe ya kuzaliwa

Madaraka ya Uwakilishi

Kwa mujibu wa ORS 109.056, Ninampatia madaraka ya usimaminzi wa mzazi watoto waliotaja hapo juu:

_____ _____
Jina kamili Tarehe ya kuzaliwa

_____ _____
Barua pepe Namba ya simu

_____
Anuani

Nina mteua aliyetajwa hapo juu kuwa attorney – in- fact. Mtu huyu anaweza kutumia nguvu zifuatazo za wazazi kwa watoto waliotajwa katika fomu hii (*chagua yote yanayotumika*):

☐ **Mamlaka kwenye matibabu.** Mtu aliyetajwa kwenye fomu hii anaweza kufanya maamuzi yote ya matibabu, ikijumuisha utunzaji wa afya, meno, huduma ya dharura na maamuzi mengine ya matibabu kwa watoto waliotajwa. Mtu huyu anaweza kupata taarifa zote za matibabu na taarifa za meno za mtoto mdogo aliyetajwa kwenye hii fomu.

☐ **Mamlaka ya Elimu.** Mtu aliyeandikwa kwenye hii fomu anaweza kufanya maamuzi yote ya elimu, ikiwa ni pamoja na kumuandikisha mtoto shuleni na kuhudhuria shughuli zote za shule kwa mtoto aliyeandikwa kwenye hii fomu. Huyu mtu ataweza kupatiwa taarifa zote za elimu kuhusu mtoto.

☐ **Upatikanaji wa taarifa za serikali.** Mtu aliyeandikwa kwenye hii fomu anaweza kukagua na kupokea rekodi za wakala wa serikali na vyombo vya sheria kuhusiana na watoto walioandikwa kwenye hii fomu kwa kiwango sawa na mzazi au mlezi.

☐ **Mamlaka mengine.** Na pia nampatia ruhusa mtu aliyeandikwa kwenye hii fomu mamlaka maalumu (*andika*):

Mamlaka hii haijumushi madaraka au nguvu ya mtu aliyeandikwa kwenye hii fomu kukubali ndoa ya mtoto/watoto au kuasili mtoto.

Upana wa Mamlaka

Nina mpatia ruhusa mtu aliyeandikwa kwenye hii fomu kufanya maamuzi hayo juu kwa ajili ya mtoto wangu (*chagua moja*):

☐ Miezi sita kutoka siku nilipoweka sahihi hii fomu.

☐ Kwa kipindi ikisichozidi miezi sita, kuanzia tukio la kukamatwa, kufukuzwa, kutokuwa na uwezo au tukio kama hilo ambalo linamfanya mtoto/watoto wadogo waliotajwa hapo juu bila mzazi au mlezi kisheria, na kumalizia miezi sita kutoka tarehe hiyo. Nina haki ya kufuta mamlaka haya wakati wowote.

☐ Kupitia kipindi changu cha kazi ya kijeshi pamoja na siku 30.

☐ Kwa miezi 12 tangu tarehe ya fomu hii iliyosainiwa, IKIWA fomu hii inatumiwa tu kutoa ruhusa ya msimamizi wa shule kufanya maamuzi ya elimu kwa watoto waliotajwa hapo juu ,

Nina haki ya kufuta mamlaka haya wakati wowote.

_____
Tarehe

_____ _____
Jina la mzazi/mlezi Sahihi ya mzazi/mlezi

Kwa hivyo ninakubali mamlaka niliyopewa katika fomu hii na kukubali kutenda kama attorney-in-fact kwa mtoto aliyetajwa katika fomu hii

_____ _____
Jina la attorney-in-fact Sahihi ya attorney-in-fact

Delegation of Parental Powers Form

Notice to person receiving this form: ORS 109.056 allows a parent or guardian of a minor child to delegate parental powers to another person for six months (or 12 months if the person is a school administrator) using a delegation of parental authority. If you receive a signed copy of this form, you must allow the person named in this form to make decisions for the minor named in this form. If you have questions about your responsibilities upon receiving this form, please talk to a lawyer.

Parent or Guardian Certification

I certify that I (full legal name): _____ am the legal parent or guardian of the following minor children:

_____ _____
Child #1's full legal name Date of birth

_____ _____
Child #2's full legal name Date of birth

_____ _____
Child #3's full legal name Date of birth

Delegation of Powers

Pursuant to ORS 109.056, I delegate parental powers for the above-named children to:

_____ _____
Full legal name Date of birth

_____ _____
Email Phone number

_____
Address

I designate the above-named person to be my attorney-in-fact. This person may exercise the following parental powers for the children named in this form (*select all that apply*):

☐ **Medical authority.** The person named in this form may make all medical decisions, including routine care, dental care, emergency care, and other medical decisions, for the children named in this form. This person shall have access to all medical and dental records for the minor children named in this form.

☐ **Educational authority.** The person named in this form may make all educational decisions, including enrolling the children in school and attending school activities, for the children named in this form. This person shall have access to all educational records for the minor children named in this form.

☐ **Access to government records.** The person named in this form may inspect and receive governmental agency and law enforcement records concerning the children named in this form to the same extent as the parent or guardian.

☐ **Other authority.** I also grant the person named in this form the following specific powers *(write-in)*:

This delegation does not include the power or authority of the person named in this form to consent to the minor child/ren's marriage or adoption.

Length of Authority

I give permission for the person named in this form to make the above decisions for my child for (*choose one)*:

☐ Six months from the date this form is signed.

☐ For a period not to exceed six months, beginning upon the occurrence of arrest, deportation, incapacity, or similar event that renders the above-mentioned minor child/ren without an available parent or legal guardian, and ending six months from that date. I reserve the right to revoke this authority at any time.

☐ Through my active military duty period, plus 30 days.

☐ For 12 months from the date this form was signed, IF this form is only being used to give a school administrator permission to make educational decisions for the minors named above.

I reserve the right to revoke this authority at any time.

_____
Date

_____ _____
Name of parent or guardian Signature of parent or guardian

I hereby accept the powers granted to me in this form and agree to act as attorney-in-fact for the minor named in this form.

_____ _____
Name of attorney-in-fact Signature of attorney-in-fact

Kuondolewa kwa Fomu ya Mamlaka ya Wazazi

Angalizo kwa mtu anayepokea hii fomu Ikiwa unapokea fomu hii, attorney –in – fact aliyeandikwa kwenye fomu hii hawezi kuendelea kufanya maamuzi kwa mtoto/watoto wadogo waliondikwa hapa chini. Mtu huyu hawezi kuendelea kupokea taarifa au rekodi zinazohusiana na watoto. Ikiwa hapo awali ulimpa mtu huyu ukifiaji wa rekodi kupita tovuti, app au kwenye portal, tafadhali pitia ruhusa ya mtu huyu kuhakikisha huyu mtu hawezi kupata taarifa za siri na rekodi za watoto. Na kama unaswali kuhusu majukumu yako baada ya kupata fomu hii ongea na mwanasheria.

Mimi (*jina la mzazi au mlezi*):_____kwa hivyo

nabatilisha (kufuta) ujumbe wa mamlaka ya wazazi iliyotolewa (*jina la attorney-in-fact*):

_____Kwa watoto wadogo wafuatao:

_____	_____
Mtoto #1 Jina lake kamili	Tarehe ya kuzaliwa
_____	_____
Mtoto #2 Jina lake kamili	Tarehe ya kuzaliwa
_____	_____
Mtoto #3 Jina lake kamili	Tarehe ya kuzaliwa

Mamlaka ya mtu aliyetajwa hapo juu ya kutenda kama attorney-in fact kwangu imefutwa tarehe iliyoorodheshwa hapa chini.

_____
Tarehe

_____	_____
Jina la mzazi au mlezi	Sahihi ya mzazi au mlezi

Revocation of Parental Authority Form

Notice to person receiving this form: If you receive this form, the attorney-in-fact named in this form may not continue to make decisions for the minor children named below. This person may not continue to receive information or records related to the children. If you previously gave this person access to records through a website, app, or online portal, please review this person's permissions to ensure they no longer have access to the children's private information and records. If you have questions about your obligations upon receiving this form, please talk to a lawyer.

I *(name of parent or guardian):* _____hereby

revoke (cancel) the delegation of parental authority granted to *(name of attorney-in-fact):*

_____for the following minor children:

_____	_____
Child #1's full legal name	Date of birth
_____	_____
Child #2's full legal name	Date of birth
_____	_____
Child #3's full legal name	Date of birth

The above-named person's authority to act as attorney-in-fact for me is revoked on the date listed below.

_____
Date

_____	_____
Name of parent or guardian	Signature of parent or guardian

Taarifa Muhimu za Mtoto

Child's Important Information

Weka taarifa hii kwa watu uliowachagua kuangalia mtoto wako wakati wewe haupo. Jaza kwa kila mtoto. Toa nakala kama zinavyohitajika.

Keep this information so those you designate to care for your child in your absence have all the information they need. Fill out one for every child. Make more copies as needed.

Taarifa za Awali **Primary Information**	
Jina la Mtoto Child's Name	
Jina la mtoto na Umri Child's Date of Birth and Age	
Namba ya Simu ya Mkononi ya Mtoto Child's Cell Phone	
Barua Pepe Child's Address	
Mdogo/Wadogo Yake na Shule Yao Child's Siblings and Their School(s)	
Jina la Shule ya Mtoto Child's School	
Anuani Address	
Simu namba Phone	
Mkuu wa shule Principal	
Mwalimu/Walimu Teacher(s)	
Namba ya Chumba cha Masomo Classroom Number	
Darasa Grade Level	
Namba ya Shule ya Mwanafunzi Student ID Number	

Mtoto wako ana IEP au 504? Kujumuisha mpango wa kumsaidia. Does the child have an IEP or 504? Include copies of school support plans.	
Mtoto wako anapata huduma za ELL(Kiingereza) au huduma nyingine? Kujumuisha mpango wa kumsaidia. Does the child have ELL or other services? Include copies of school support plans.	
Programu Baada ya Shule After School Program	
Anuani Address	
Mtu wa Kuwasiliana kwenye Programu Baada ya Shule After School Program Contact Name	
Simu namba Phone Number	
Mengineyo Kempu/michezo/Programu Other Camp/Sports/Program	
Simu namba Phone Number	

Taarifa za Awali Zinaendelea Primary Information Continued	
Mtoto wako anaendaje shule na kurudi na michezo? How does child get to/from school and activities?	
Nani anaruhusiwa kumchukua mtoto wako kutoka shule na/au kituo cha basi? Who is authorized to pick up child from school and/or bus stop?	
Mzio/Madhara ya Dawa Allergies	
Mahitaji ya Chakula Dietary Needs	
Hali ya Ugonjwa Medical Conditions	
Itifaki za matibabu na maagizo Medical Protocols and Instructions	
Dawa na Vipimo Medications and Dosages	
Ruhusa ya Matibabu kwa Wakili Medical Power of Attorney	
Daktari Doctor	
Namba ya Simu Phone Number	
Anuani Address	
Duka la Dawa Pharmacy	
Mtaalamu wa Afya ya Akili Mental Health Therapist	
Kampuni ya Bima ya Afya Health Insurance Company	
Namba ya Bima ya Afya Health Insurance Company Group Number	
Mganga wa Meno Dentist	

Simu namba Phone Number	
Anuani Address	
Kampuni Bima ya Meno Dental Insurance Company	
Namba ya Kundi ya Bima ya Meno Dental Insurance Company Group Number	

Taarifa ya Familia – Moja kwa familia

Family Information – One per family

Namba na Taarifa Muhimu Emergency Numbers and Important Contact Information	
Mama/Mzazi/Jina la Mlezi Mother/Parent/Guardian Name	
Namba ya Simu (Code ya Nchi) Home Phone (with Country Code)	
Namba ya Simu ya Mkononi (Code ya Nchi) Cell Phone (with Country Code)	
Namba ya WhatsApp WhatsApp Number	
Jina la Facebook Messenger Facebook Messenger Name	
Anuani ya Kazini Work Address	
Namba ya Simu ya Kazini Work Phone	
Baba/Mzazi/Jina la Mlezi Father/Parent/Guardian Name	
Namba ya Simu (Code ya Nchi) Home Phone (with Country Code)	
Namba ya Simu ya Mkononi (Code ya Nchi) Cell Phone (with Country Code)	
Namba ya WhatsApp WhatsApp Number	
Jina la Facebook Messenger Facebook Messenger Name	
Anuani ya Kazini Work Address	
Namba ya Simu Work Phone	
Bibi/Babu Wanaoishi Living Grandparents	

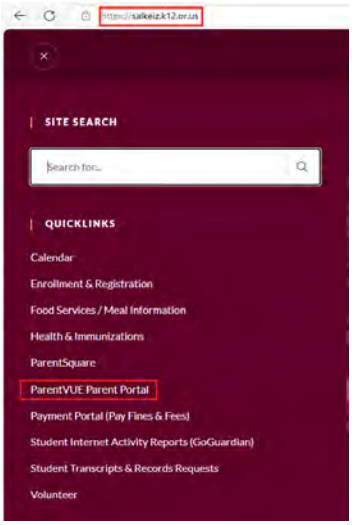
Namba ya Simu na Anuani Phone and Address	
Huduma Inayohitajika Care Needs	
Watu Wengine wa Dharura na Uhusiano Other Emergency Contact and Relationship	
Namba ya Simu na Anuani Phone and Address	
Watu Wengine wa Dharura na Uhusiano Other Emergency Contact	
Namba ya Simu na Anuani Phone and Address	
Watu Wengine wa Dharura Amerika na Namba ya Simu Other Emergency Contact in United States	
Watu Wengine wa Dharura Nchi Asilia na Namba ya Simu (Code ya Nchi) na Anuani Other Emergency Contact In Origin Country	
Simu (Code ya Nchi) na Anuani Phone (with Country Code) and Address	

Taarifa Nyingine **Miscellaneous Information**	
Aina ya Gari/Modeli Car Make / Model	
Namba ya Gari License Plate Number	
Bima ya Gari Car Insurance Company	
Jina la Wakala wa Bima Car Insurance Company Agent Name	
Namba ya Simu ya Wakala wa Bima Car Insurance Company Agent Phone	
Namba ya Bima Insurance Policy Number	
Wakili/Huduma za Kusaidia Kisheria Attorney/Non-Profit Legal Services Provider	
Anuani Address	
Namba ya Simu Phone	
Bima ya Maisha na Namba yake/Taarifa ya Warithi Life Insurance Policy Number / Information/ Beneficiaries	
Taarifa ya Mnyama unayeishi naye(Jina/Majina) Daktari wa Mganga, n.k Pet Information - Name(s), veterinarian, etc.	
Sanduku la Posta, Funguo na Mahali P.O. Box Number, Keys, and Location	
Namba ya Siri (Fedha) PIN Code (Financial)	
Namba ya Siri (Simu) PIN Code for Phone(s)	
Kadi ya SNAP/Mahali Ilipo SNAP Card Information / Location	
Kadi ya TANF/Mahali Ilipo TANF Card Information / Location	

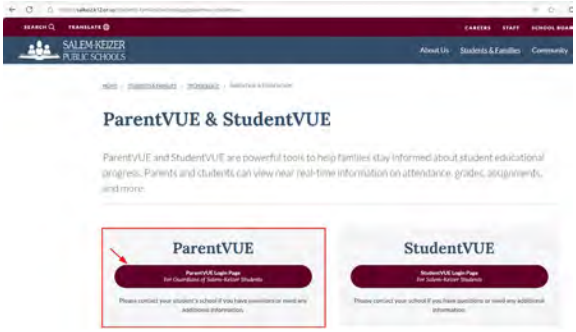
Chakula Mtoto Anachopendelea, vitu vya kuchezea n.k Child's Favorite Food, Toy, etc.	
Picha ya Familia Family Photos	

Usahihi wa Taarifa Kutumia Kujiandikisha Mtandaoni kwenye ParentVUE

1. Nenda kwenye mtandao wa **Wilaya wa Salem-Keizer: https://salkeiz.k12.or.us**
    a. Bonyeza kwenye **Kutafuta** na uchague **ParentVUE Parent Portal**

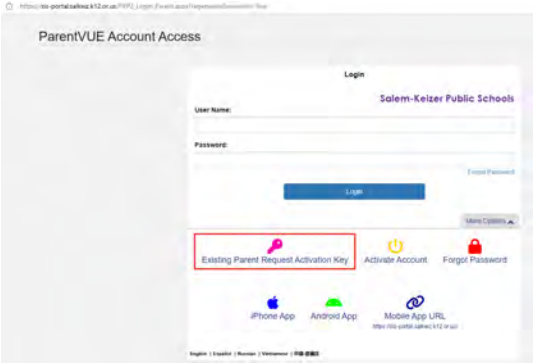


2. Chagua **ParentVUE** kuingia kwenye akaunti yako

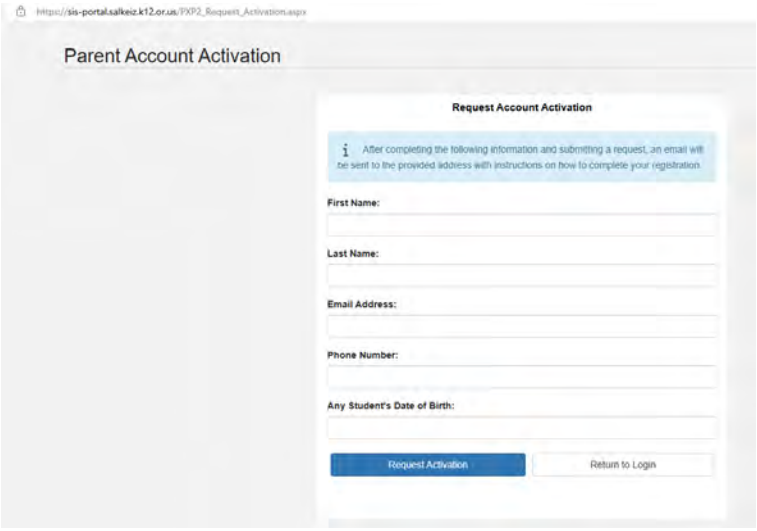


3. Ingiza **Jina la mtumiaji** na **Neno la siri**

a. Na kama hujawi kutumia akaunti yako na hauna ufunguo wa uanzishaji akaunti, tafadhali chagua **Ufunguo wa Uanzishaji wa Ombi la Mzazi Uliopo**

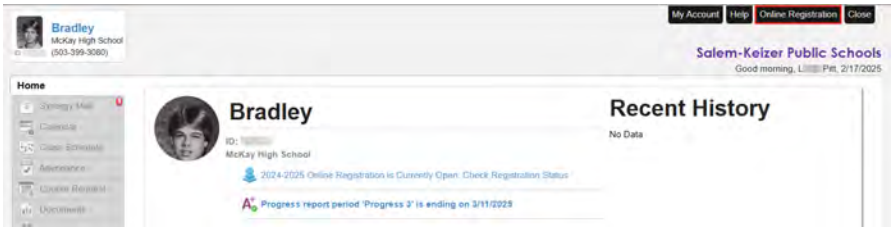


b. Kamilisha na utume kwa **Ombi la Uanzishaji wa Akaunti**

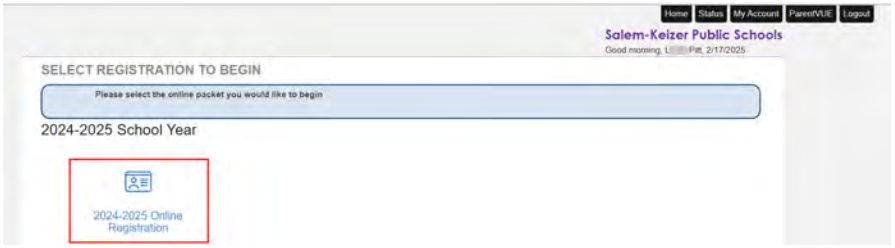


c. Emaili itatumwa kwenye anuani iliyotolewa na maelezo kukamilisha usajili

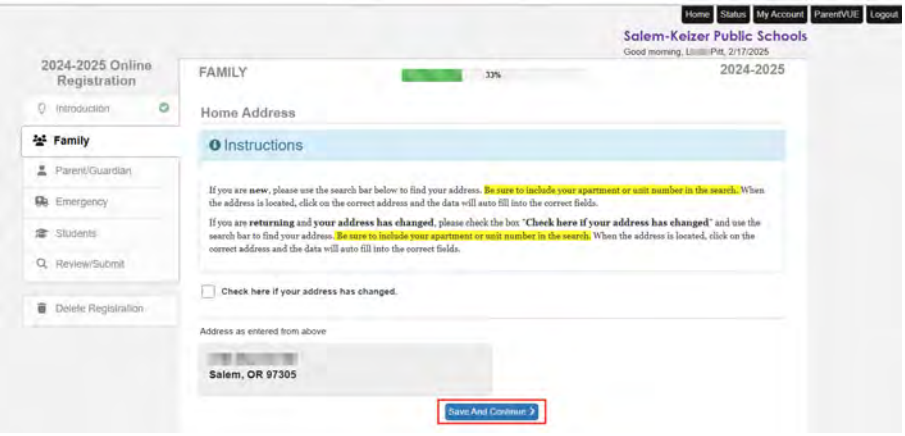
4. Mara utakapo ingia kwenye ParentVUE akaunti, bonyeza kwenye **Usajili kwenye Mtandao**



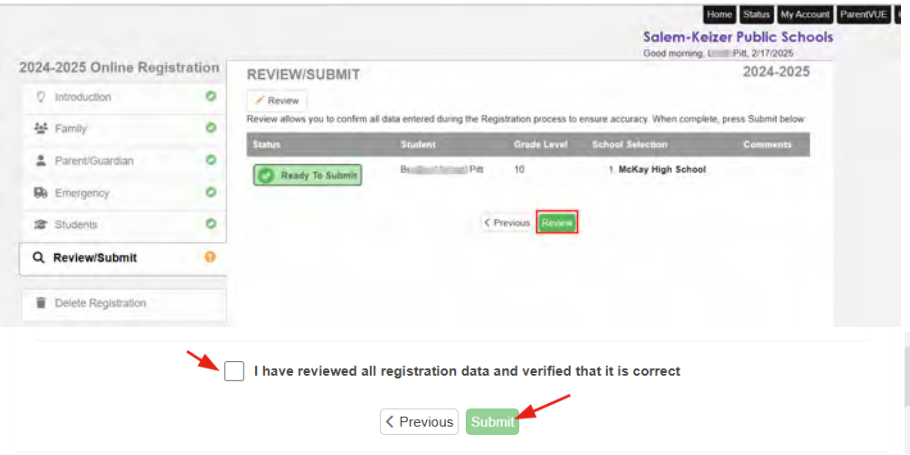
5. Bonyeza kwenye mwaka wa shule kiungo cha **Usajili kwenye Mtandao**



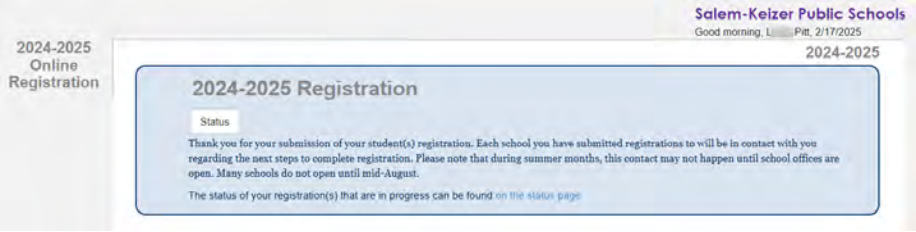
6. Pitia kila ukurasa. Bonyeza **Hifadhi na Uendelee** kwenye ukurasa unafuata



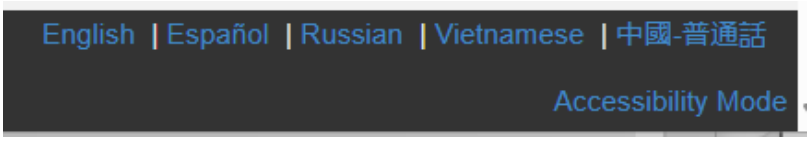
7. Lazima kukamilisha mabadiliko kwenye sehemu na **Kupitia/Kutuma**



8. Kama mabadiliko yamekubalika kutumwa utaona ujumbe ufuatao:



9. ParentVUE unaweza kusoma kwa lugha mbalimbali.
   a. Bonyeza lugha unayopendelea na **Njia ya Upatikanaji** kama inahitajika



   b. Kwa msaada wa lugha nyingine, tafadhali wasiliana na Huduma za Lugha kwa simu namba (503) 399-3456.

10. ParentVUE app inapatikana kwenye vifaa vya iPhones na Android