

GRADED

THE AMERICAN SCHOOL OF SÃO PAULO

**Graded Parent Access to
Student Health Information Submission and
Update Form**

Access PowerSchool Parent Portal

- Log in to **PowerSchool** (<https://graded.powerschool.com/public/>) with the email address that you registered in the Parent Portal as your username, and your password.
- **Tip:** If your credentials do not work, click the “forgot username or password” link and use the following screen. If it does not work, email helpdesk@graded.br.

PowerSchool SIS

Parent Sign In

Sign In Create Account

Username yourparentportal@email.com

Password

[Forgot Username or Password?](#)

Sign In


Student Sign In

Students - Click the button to sign in. You will be redirected to the Student sign in page.

Student Sign In

Reset your password (if necessary)

If you face any issues with this procedure, please contact helpdesk@graded.br

 PowerSchool SIS

Recover Account Sign In Information

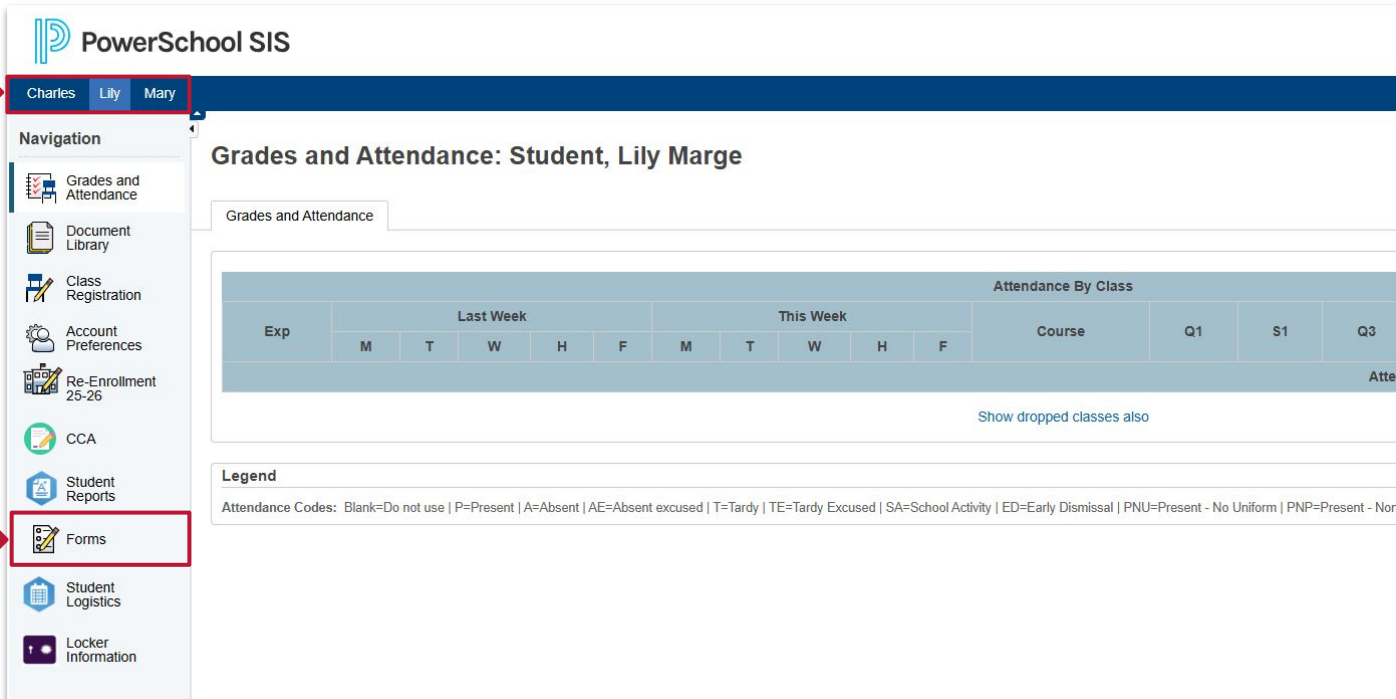
Parents, to recover your password or if you have been provided a username and are setting your password for the first time, provide the information below. Students need to contact the school directly.

Parent Username	<input type="text" value="Enter your email address"/>
Parent Email Address	<input type="text" value="Repeat your email address"/>

If you are experiencing sign in issues, please contact your school for assistance. For security reasons, PowerSchool is unable to assist with sign in, password, or other accessibility-related issues.

Select a student and click the Forms option

- Select the desired child on the top left corner by clicking their name.
- In the dropdown menu, click on the **Forms** icon.



The screenshot displays the PowerSchool SIS interface. At the top left, the user selection bar shows 'Charles', 'Lily', and 'Mary'. A red arrow points to this bar. Below it is a navigation menu with various options. The 'Forms' option, represented by a pencil and paper icon, is highlighted with a red box and a red arrow. The main content area shows 'Grades and Attendance: Student, Lily Marge' with a sub-tab for 'Grades and Attendance'. Below this is a table titled 'Attendance By Class' with columns for 'Exp', 'Last Week' (M-F), 'This Week' (M-F), 'Course', 'Q1', 'S1', and 'Q3'. A legend at the bottom explains the attendance codes: Blank=Do not use | P=Present | A=Absent | AE=Absent excused | T=Tardy | TE=Tardy Excused | SA=School Activity | ED=Early Dismissal | PNU=Present - No Uniform | PNP=Present - Non

PowerSchool SIS

Charles Lily Mary

Navigation

- Grades and Attendance
- Document Library
- Class Registration
- Account Preferences
- Re-Enrollment 25-26
- CCA
- Student Reports
- Forms**
- Student Logistics
- Locker Information

Grades and Attendance: Student, Lily Marge

Grades and Attendance

Exp	Last Week					This Week					Course	Q1	S1	Q3				
	M	T	W	H	F	M	T	W	H	F								
																		Atte

Show dropped classes also

Legend

Attendance Codes: Blank=Do not use | P=Present | A=Absent | AE=Absent excused | T=Tardy | TE=Tardy Excused | SA=School Activity | ED=Early Dismissal | PNU=Present - No Uniform | PNP=Present - Non

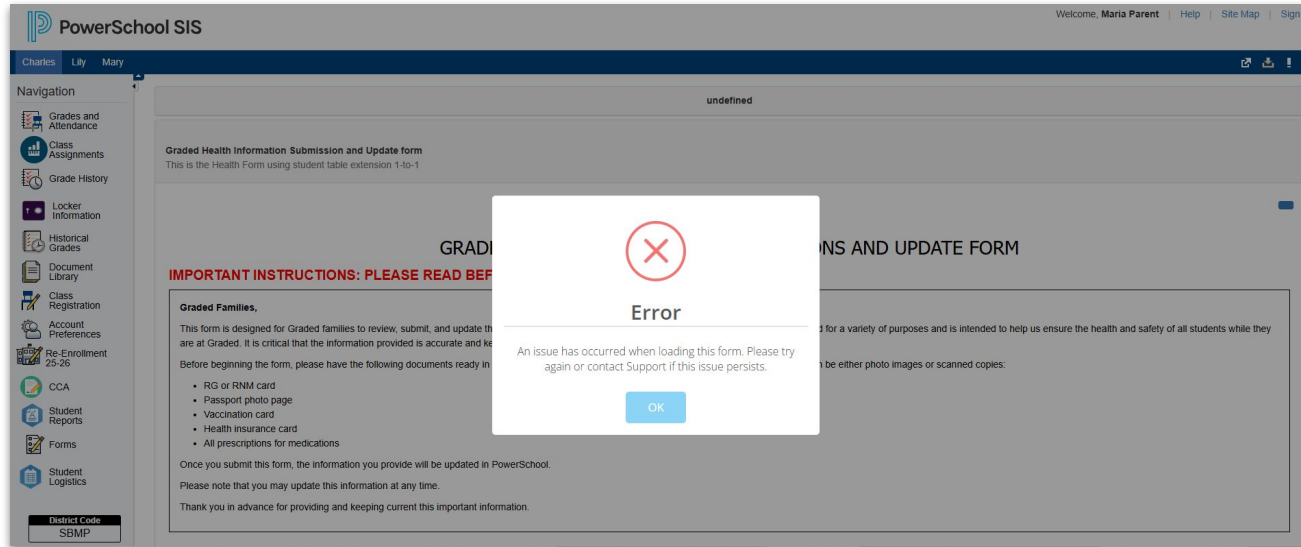
Select the Form

- Select the **Graded Health Information Submission and Update form** from the Health Forms Category

The screenshot displays the PowerSchool SIS interface. At the top, the logo and name 'PowerSchool SIS' are visible on the left, and the user's name 'Welcome, Maria Parent' along with navigation links 'Help', 'Site Map', and 'Sign Out' are on the right. Below the header, a dark blue navigation bar shows the user's name 'Charles Lily Mary' and several utility icons. A left-hand navigation menu lists various system functions: 'Grades and Attendance', 'Document Library', 'Class Registration', 'Account Preferences', 'Re-Enrollment 25-26', 'CCA', 'Student Reports', and 'Forms'. The main content area is titled 'School Form Listing for Student, Lily Marge'. It features two tabs: 'General Forms' and 'Health Forms'. The 'Health Forms' tab is active and highlighted with a red arrow. Below the tabs, there is a search bar labeled 'Search forms...'. A list of forms is displayed, with the 'Graded Health Information Submission and Update form' highlighted by a red rectangular box. The description for this form reads: 'This is the Health Form using student table extension 1-to-1'.

Known Error

- There is a known intermittent error that you may encounter when loading the form.
- If you get this error, just reload the page.
- You may need to reload several times.



The screenshot displays the PowerSchool SIS interface. At the top, it says "PowerSchool SIS" and "Welcome, Maria Parent | Help | Site Map | Sign Out". The navigation menu on the left includes: Grades and Attendance, Class Assignments, Grade History, Locker Information, Historical Grades, Document Library, Class Registration, Account Preferences, Re-Enrollment 25-26, CCA, Student Reports, Forms, and Student Logistics. The main content area is titled "Graded Health Information Submission and Update form" and includes the text "This is the Health Form using student table extension 1-40-1". A modal error dialog is centered on the screen, featuring a red "X" icon and the text "Error". Below the error message, it states: "An issue has occurred when loading this form. Please try again or contact Support if this issue persists." and an "OK" button. The background content is dimmed, showing "IMPORTANT INSTRUCTIONS: PLEASE READ BEFORE BEGINNING THE FORM" and a list of documents to have ready: RG or RNM card, Passport photo page, Vaccination card, Health insurance card, and All prescriptions for medications.

Getting started: Reading the instructions

- Be sure to read the instructions before you start completing the form

Information

- Historical Grades
- Document Library
- Class Registration
- Account Preferences
- Re-Enrollment 25-26
- CCA
- Student Reports
- Forms
- Student Logistics

District Code
SBMP

Download on the App Store

GRADED HEALTH INFORMATION SUBMISSIONS AND UPDATE FORM

IMPORTANT INSTRUCTIONS: PLEASE READ BEFORE COMPLETING THIS FORM

Graded Families,

This form is designed for Graded families to review, submit, and update their student's health information. Please note that this information may be used for a variety of purposes and is intended to help us ensure the health and safety of all students while they are at Graded. It is critical that the information provided is accurate and kept up to date.

Before beginning the form, please have the following documents ready in digital format (**PDF** or **JPG** preferred). These documents are required and can be either photo images or scanned copies:

- RG or RNM card
- Passport photo page
- Vaccination card
- Health insurance card
- All prescriptions for medications

Once you submit this form, the information you provide will be updated in PowerSchool.

Please note that you may update this information at any time.

Thank you in advance for providing and keeping current this important information.

Completing the Form: STUDENT INFORMATION

- Student Name, Date of birth, Grade Level, CPF, RG, RNM and Passport Numbers will be automatically populated for you. If you would like to update these, please contact registrar@graded.br
- Students will either have an RG or RNM, but probably not both. Send only the image of the correct document.

The screenshot shows a web interface for updating student information. On the left, there are buttons for 'App store' and 'GET IT ON Google play'. The main content area is titled 'STUDENT INFORMATION' and contains a form with the following fields:

Name Charles Michael Student	Date of birth (MM/DD/YYYY) 03/03/2003
Grade Level 8	CPF Number 123123123
RG Number 45454545	RG Upload <input type="button" value="Upload"/> reportcard.pdf
RNM Number 232323	RNM Upload <input type="button" value="Upload"/>
Passport Number 789789789	Passport Image Upload <input type="button" value="Upload"/>

Completing the Form: STUDENT INFORMATION

- Click on the **Upload** box to add a document. Please upload only PDF or JPG file only.
- Click on **Browse** to select the file from your device.
- Once you have selected the file, click on **Upload** to include the file to the form.

The screenshot shows a form for student information. The form fields are as follows:

Name Charles Michael Student	Date of birth (MM/DD/YYYY) 03/03/2003
Grade Level 8	CPF Number 123123123
RG Number 45454545	RG Upload Upload
RNM Number 232323	RNM Upload Upload
Passport Number 789789789	Passport Image Upload Upload
Vaccination Card Please upload an image of student's Vaccination Card.	

An "SIS Document Attachment" dialog box is open, showing the text "Click the Browse button to select a file" and two buttons: "Browse" and "Upload".

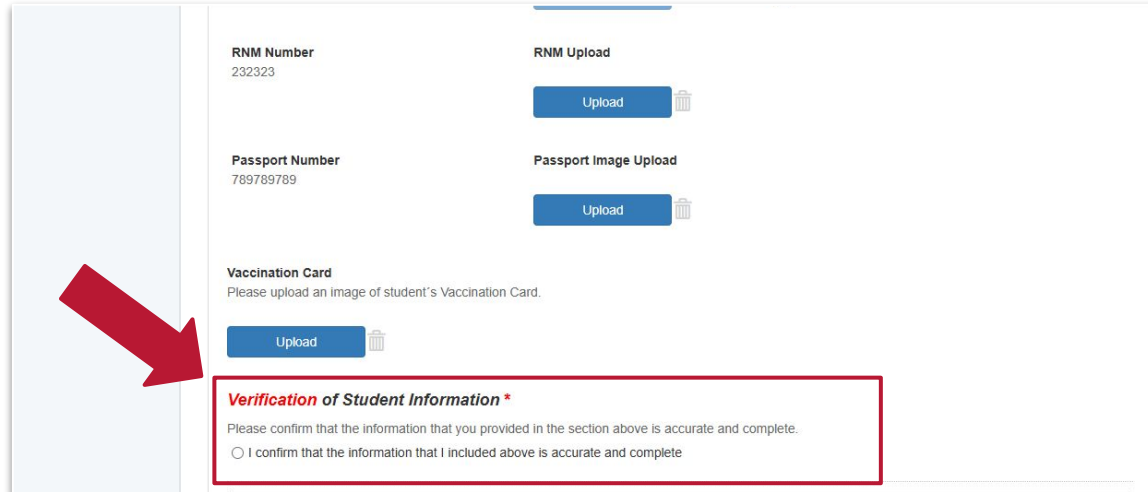
A "File upload status" dialog box is shown in the bottom right, featuring a green checkmark icon, the text "File upload status", "File uploaded successfully", and an "OK" button.

Red arrows indicate the flow of the process: from the "Upload" button in the "RG Upload" field to the "Browse" button in the dialog, then to the "Upload" button in the dialog, and finally to the "File upload status" dialog.

Completing the Form: STUDENT INFORMATION

- Make sure that you confirm the information is accurate and complete by clicking on the Verification button of the section.

You will not be able to submit the form if this is not selected.



The screenshot shows a form with several sections:

- RNM Number**: 232323
- RNM Upload**: A blue "Upload" button with a trash icon.
- Passport Number**: 789789789
- Passport Image Upload**: A blue "Upload" button with a trash icon.
- Vaccination Card**: "Please upload an image of student's Vaccination Card." with a blue "Upload" button and a trash icon.
- Verification of Student Information ***: A red-bordered box containing the text "Please confirm that the information that you provided in the section above is accurate and complete." and a radio button with the text "I confirm that the information that I included above is accurate and complete".

A large red arrow points from the left side of the form towards the "Verification of Student Information" section.

Completing the Form: PARENT INFORMATION

- Under PARENT INFORMATION, you will find the information for all the students' contacts in PowerSchool.
- To add a new contact, click on the Add button.
- Complete the information and click on **Add** to include the new contact.



PARENT INFORMATION

Please update the contact information

Add Reorder Contacts

Maria Graded ICT Parent
Mother

Av Carlos Lívieiro 59 Sao Paulo, United States 04186100
115-078-1869 (Home)
test.parent2@graded.br

Lives with Student

Custody

School Pickup

Emergency Contact

Data Access

Add Contact

First Name *

Middle Name

Last Name *

Gender

Relationship *

Employer

Cancel Add

Completing the Form: PARENT INFORMATION

- To edit any of the Contact information, click on the pencil icon.
- Complete the information and click on **Add** to update the new contact information.

PARENT INFORMATION



Please update the contact information

[Add](#) [Reorder Contacts](#)

Maria Graded ICT Parent
Mother

Av Carlos Livieiro 59 Sao Paulo, United States 04186100
115-078-1869 (Home)
test.parent2@graded.br

- Lives with Student
- Custody
- School Pickup
- Emergency Contact
- Data Access



Edit Maria Parent

First Name *

Middle Name

Last Name *

Gender

Relationship *



Employer

[Cancel](#) [Add](#)

Completing the Form: PARENT INFORMATION

- You can apply the changes to all of the students that you are contact for. Just select the box beside the students' names.
- When you are finished, don't forget to Verify that the PARENT INFORMATION is accurate and complete.

Av Carlos Liveliro 59 Sao Paulo, United States 04186100
115-078-1869 (Home)
test.parent2@graded.br

Lives with Student  
 Custody
 School Pickup
 Emergency Contact
 Data Access

Apply all of these contacts to:
This will override settings made to an individual contact.

Student, Lily Marge
 Student, Mary

Verification of Parent Information *
Please confirm that the information that you provided in the section above is accurate and complete.
 I confirm that the information that I included above is accurate and complete

Completing the Form: DOCTOR INFORMATION

- Add the Name, Telephone number and CRM of the student's Primary Physician.
- If you have already given this information, it will automatically appear.
- If the box is blank, please add this information.
- Don't forget to confirm that the information is correct at the bottom.

DOCTOR INFORMATION

Doctor's Name	Doctor's Telephone Number	Doctor's CRM Number
<input type="text" value="Dr. Monty Python"/>	<input type="text" value="(11)99999-0000"/>	<input type="text" value="987654"/>

Verification of Doctor Information *

Please confirm that the information that you provided in the section above is accurate and complete.

I confirm that the information that I included above is accurate and complete

Completing the Form: HEALTH INSURANCE INFORMATION

- Please provide the Name and Card number for the Primary Health Care Provider.
- Add an image of the student's insurance card by clicking on the **Upload** button.
- Confirm that the information is accurate and complete by clicking the Verify button at the bottom


HEALTH INSURANCE INFORMATION

Primary Health Care Provider

Company Name:

Insurance Card Number:

Insurance Card
Please upload an image of student's Insurance Card



Other Health Care Provider Information:
Please add company, card number, etc. for any additional Health Care Providers

Verification of Health Insurance Information *

Please confirm that the information that you provided in the section above is accurate and complete.

I confirm that the information that I included above is accurate and complete

Completing the Form: ALLERGY INFORMATION

- Include any allergy information for
 - FOOD ALLERGIES
 - NON-FOOD ALLERGIES
- Indicate if the allergy is MILD or SEVERE (as per the instructions on the form)
- Validate at the bottom to confirm that the information is accurate and complete.

ALLERGY INFORMATION

FOOD ALLERGIES:
Please indicate allergy-severity. Separate multiple allergies with a comma. (example: Peanut-severe, Dairy-mild).

New Peanuts, and old ones

NON-FOOD ALLERGIES:
Please indicate allergy-severity. Separate multiple allergies with a comma. (example: Pollen-mild, Bee string-severe).

Copper

Verification of Allergy Information *

Please confirm that the information that you provided in the section above is accurate and complete.

I confirm that the information that I included above is accurate and complete

Completing the Form: MEDICATION INFORMATION

- Medication Provided by the School
- Be sure to read the instructions while completing this section of the form.

MEDICATION INFORMATION

Medication Provided by School

The following medications are available in our Health Office. Please indicate the medications that you authorize the school to administer to your student. You will be asked to share the doctor's prescription for these medications below.

Pain Medication

Dipirona	<input type="radio"/> Yes <input checked="" type="radio"/> No	Tylenol	<input checked="" type="radio"/> Yes <input type="radio"/> No	Ibuprofeno	<input checked="" type="radio"/> Yes <input type="radio"/> No
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Allergy Medication

Loratadina	<input checked="" type="radio"/> Yes <input type="radio"/> No	Dicloridrato de Hidroxizina 2mg/ml	<input checked="" type="radio"/> Yes <input type="radio"/> No	Cloridrato de Fexofenadina	<input checked="" type="radio"/> Yes <input type="radio"/> No
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Nausea Medication


Dramin BS	<input checked="" type="radio"/> Yes <input type="radio"/> No	Cloridrato de Ondansetrona 4mg	<input checked="" type="radio"/> Yes <input type="radio"/> No
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Gas Medication

Luftal	<input checked="" type="radio"/> Yes <input type="radio"/> No
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Completing the Form: MEDICATION INFORMATION

- Be sure to include a Doctor's prescription for any General Medication, including any medication that is provided by the school.

Cramps Medication	
Butilbrometo de Escopolamina	Ácido Mefenámico 500 mg
<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
Doctor's Prescription - General Medication	
<input type="text" value="Upload"/>	



Completing the Form: MEDICATION INFORMATION

- Personal Medication is any medication that the school does not provide (previous section)
- Make sure to add all the necessary information
- Include a Doctor's Prescription for this medication by clicking Upload and selecting the file from your device.
- When complete, confirm the information at the bottom of the section.

Personal Medication

If your student takes any personal medication, please include the medication name, dosage, and special instructions for each one.
(example: Concerta-36mg-Daily, Fluoxetine-10mg-As needed).

You will be asked to share the doctor's prescription for these medications below.

innerhoneysong drops

Doctor's Prescription - Personal Medication
Please upload the signed doctor's prescription here

Upload

Verification of Medication Information *

Please confirm that the information that you provided in the section above is accurate and complete.

I confirm that the information that I included above is accurate and complete

Completing the Form: HEALTH CONDITIONS AND TREATMENTS

- Include any current health conditions and/or treatments.
- As with the other sections, please verify that the information is accurate and complete.

HEALTH CONDITIONS AND TREATMENT	
Current Health Conditions: Please include any current health conditions that the student is experiencing.	<input type="text" value="Bearclaw disorder number 5"/>
Current Treatments: Please include any treatments for the current health conditions.	<input type="text" value="Cheese nightly before bath."/>
Verification of Health Conditions and Treatment * Please confirm that the information that you provided in the section above is accurate and complete. <input type="radio"/> I confirm that the information that I included above is accurate and complete	

Finalizing the form: Submit

- Once you have add all the information for ALL sections, send the form by clicking on the **Submit** button on the bottom right corner.



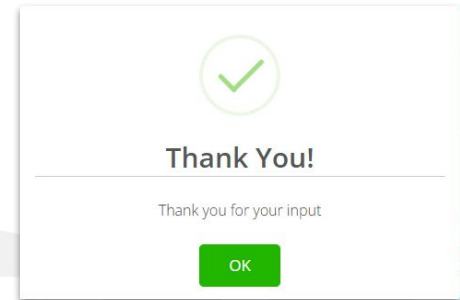
Verification of Health Conditions and Treatment *


Please confirm that the information that you provided in the section above is accurate and complete.

I confirm that the information that I included above is accurate and complete

Submit

v25.6.0





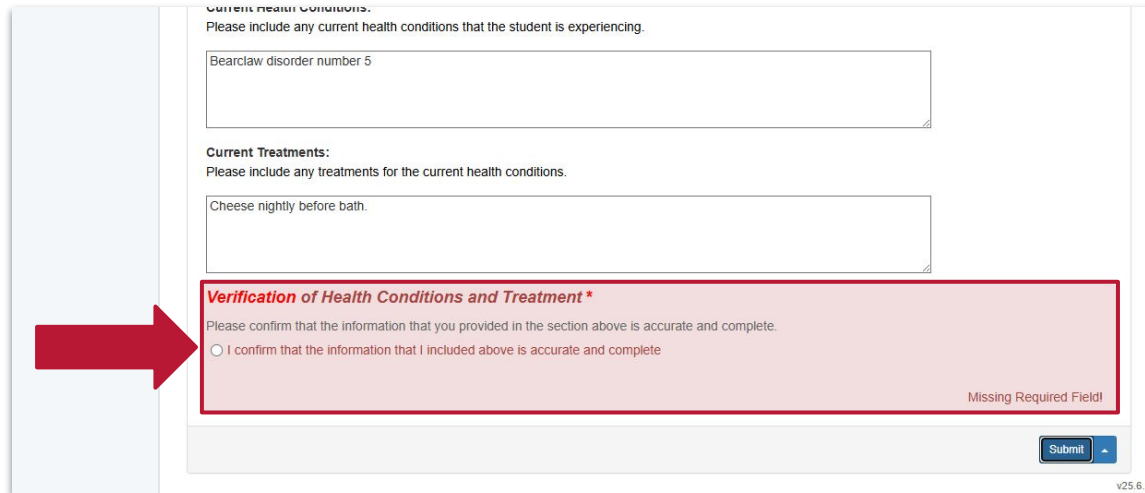
Thank You!

Thank you for your input

OK

Verification Error

- If you forget to Verify any of the sections, you will get an error message and the missing verification question will have a red background.
- After verification has been done, you can submit the form again.



Current Health Conditions:
Please include any current health conditions that the student is experiencing.

Bearclaw disorder number 5

Current Treatments:
Please include any treatments for the current health conditions.

Cheese nightly before bath.

Verification of Health Conditions and Treatment *
Please confirm that the information that you provided in the section above is accurate and complete.

I confirm that the information that I included above is accurate and complete

Missing Required Field!

Submit

v25.6.0.1

If you encounter any issues, please contact:
helpdesk@graded.br