

ANAHEIM UNION HIGH SCHOOL DISTRICT

Learning With Purpose: College and Career Ready

Parent Portal

Instructions for Data Confirmation

Education and Information Technology Department

2023

Version 2.0

Aeries - On Line Data Confirmation

Contents

Aeries Enrollment 2

Student Enrollment..... 2

 Family Information..... 3

 Income Survey..... 3

 Student Demographics..... 4

 Contacts 5

 Medical History 8

 Documents 9

 Authorizations and Prohibitions 9

 Final Data Confirmation 10

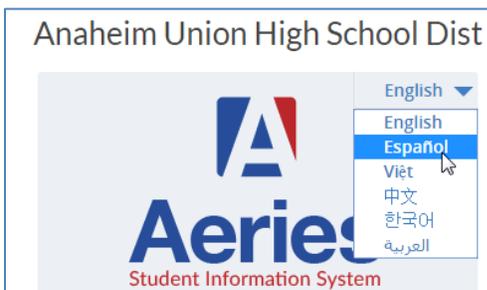
Aeries - On Line Data Confirmation

Aeries Enrollment

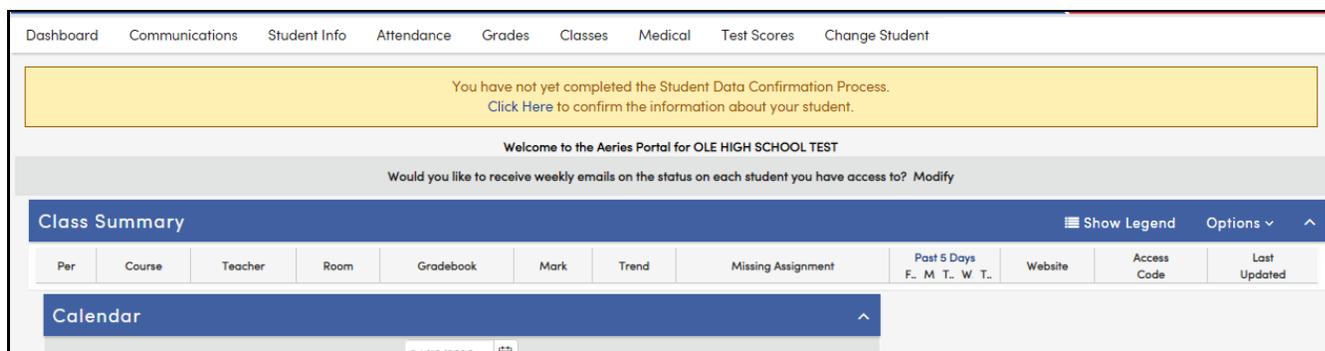
The **Student Data Confirmation** program is designed for parents / guardians with *existing* Aeries Parent Portal accounts to allow them to update key information for enrollment.

Student Enrollment

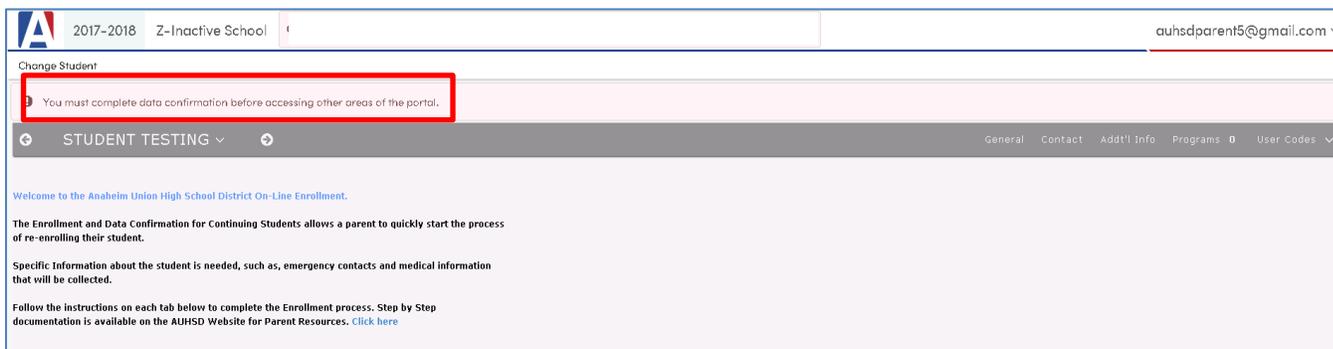
From the Parent Portal screen select the language then Login to the Parent Portal.



The **Data Confirmation** message will display letting you know that the enrollment process has begun and the information for enrollment needs to be updated. [Click Here](#).



After the cutoff date, the Parent Portal will become locked. The message **“You must complete Data Confirmation before accessing other areas of the portal”** will display at the top of the form. You must verify and update this information to finalize the AUHSD Enrollment process.



Aeries - On Line Data Confirmation

Family Information

The first screen will display **Family Information** with two surveys. Please select one of the options to complete each survey. Click on **Confirm and Continue**.

<input checked="" type="radio"/> Family Information	<p>Last Confirmed: 4/8/2022 10:07:47 AM</p> <p>Please select whether or not at least one parent/guardian of this student is active in the United States Armed Forces:</p> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 5px;"> <input checked="" type="checkbox"/> Yes, at least one parent/guardian of this student is ACTIVE in the United States Armed Forces. </div> <div style="border: 1px solid #ccc; padding: 5px;"> <input type="checkbox"/> No, this student does not have a parent/guardian who is active in the United States Armed Forces. </div> <p>Please select one of the following options to complete the residence survey:</p> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 5px;"> <input checked="" type="checkbox"/> Temporary Shelters A temporary residence provided for homeless individuals who would otherwise sleep on the street or a temporary residence provided to individuals in emergency situations. </div> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 5px;"> <input type="checkbox"/> Hotels/Motels A temporary residence for homeless individuals usually requiring payment or vouchers for lodging and services on a daily, weekly, or monthly basis. </div> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 5px;"> <input type="checkbox"/> Temporarily Doubled Up A temporary residence where a homeless family is sharing the housing of other persons due to the loss of housing, economic hardship, or other similar reasons. </div> <div style="border: 1px solid #ccc; padding: 5px;"> <input type="checkbox"/> Temporarily Unsheltered A type of residence for homeless individuals that is not meant for human habitation, such as cars, parks, sidewalks, abandoned buildings, campgrounds, trailer parks, bus and train stations, or persons abandoned in the hospital (on the street). </div>
<input checked="" type="radio"/> Income	
<input checked="" type="radio"/> Student	
<input checked="" type="radio"/> Contacts	
<input checked="" type="radio"/> Medical History	
<input type="radio"/> Documents	
<input type="radio"/> Authorizations	
<input type="radio"/> Requested Documents	
<input type="radio"/> Final Data Confirmation	
<input type="button" value="Confirm and Continue"/>	

Income Survey

The next screen will display the **Income Survey** screen. Please select the number of people in your household. If there is more than 5 use the **MORE** option.

<input checked="" type="radio"/> Family Information	<p>Last Confirmed: 4/23/2020 1:18:30 PM</p> <p>Anaheim Union High School District receives additional funding based on the eligibility of designated students in order to improve and increase programs and services. Additionally, based on eligibility, families may receive reduced costs for college applications, SAT/AP testing, etc.</p> <p>Based upon the information provided below, if your family does appear to meet the criteria designated by the State of California, an AUHSD staff member will reach out to you to discuss the necessary paperwork. This information will be maintained as confidential and only shared with appropriately designated AUHSD staff.</p> <p>How many people are in your household?</p>
<input checked="" type="radio"/> Income	
<input type="radio"/> Student	
<input type="radio"/> Contacts	
<input type="radio"/> Medical History	
<input type="radio"/> Documents	
<input type="radio"/> Authorizations	
<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid #ccc; padding: 5px; margin: 2px;"> <input type="checkbox"/> 1 </div> <div style="border: 1px solid #ccc; padding: 5px; margin: 2px;"> <input type="checkbox"/> 2 </div> <div style="border: 1px solid #ccc; padding: 5px; margin: 2px;"> <input type="checkbox"/> 3 </div> <div style="border: 1px solid #ccc; padding: 5px; margin: 2px;"> <input type="checkbox"/> 4 </div> <div style="border: 1px solid #ccc; padding: 5px; margin: 2px;"> <input type="checkbox"/> 5 </div> <div style="border: 1px solid #ccc; padding: 5px; margin: 2px; background-color: #e6f2ff;"> <input checked="" type="checkbox"/> More 7 </div> </div>	

Aeries - On Line Data Confirmation

Select the **Monthly Household Income**. Click on **Confirm and Continue**.

The following message will display if you do not complete the Income Survey. Click the selected button and continue.

Student Demographics

The Student screen will only require you to update the **Primary, Father's Work, Mothers Work** and **Student's Mobile** Phone numbers if necessary. If the mailing address has changed *please contact the Registrar at your school*. Click **Change** to update any **Phone Number** and make necessary changes.

Student Demographics		Notes
Primary Phone	(714) 999-3765	
Father's Work		
Mother's Work		
Student's Mobile		

Click **Change**. Click on **Confirm and Continue**.

Aeries - On Line Data Confirmation

Contacts

The **Contacts** screen will allow you to view each contact for your student and update if necessary. To update a Contact select the Contact and click **Edit icon**. Update any necessary data. There are new fields for the Parent/Guardians that are required and must be updated.

Please read the information at the top of the form in regards to:

- Record Type – Primary Parent, Secondary Parent, Emergency Contact
- Contact Order – order of contact
- Ed Level – Parent Education Level
- Lives With – Lives with Parent

- Income
- Student
- Contacts**
- Medical History
- 6 Documents
- 7 Authorizations
- 8 Requested Documents
- 9 Final Data Confirmation

Confirm and Continue

It is extremely vital that ALL Contact information is entered for ALL Parent/Guardian and Emergency Contacts.

Parent/Guardians - there are new fields that must have information entered.

Primary Parent/Guardian must have:

- Select Record Type of Parent/Guardian 1
- Contact Order must have a 1 entered
- Ed Level must be entered.
- Lives With (Yes or No)

Secondary Parent/Guardian must have:

- Select Record Type of Parent/Guardian 2
- Contact Order must have a 2 entered
- Ed Level must be entered.
- Lives with (Yes or No)

Emergency Contacts

- Select Record Type of Emergency Contact
- Contact Order MUST NOT have a 1 or 2
- Lives With (DO NOT add for Emergency Contacts)

Please update all fields on the form. Make any necessary updates to each Contact displayed. Add any additional Emergency Contacts who you authorize to be notified and/or released to in an event of an emergency.

If you need to remove any Contact from your list you will need to speak to the Registrar at your school site.

Please NOTE: Changing ANY Contact Address WILL NOT update a student's home address. A Students Home Address must be done at the School Office.

Contacts
+ Add

+ Lori Williamson

Record Type: Parent/Guardian 1 (P1)

Ed Level: Grad School/post grad training (10)

More Info ▾

🕒 Last Updated: 4/15/2022 8:31 AM

PLEASE NOTE: Changing ANY Contact address will not update a Students Residence address. This MUST be done at the School Office.

Aeries - On Line Data Confirmation

The form will open up to enter all Contact information. When complete, click **Save**.

Edit Contact

Last Name	First Name	Middle Name	Mailing Name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Lives With? Address	City	State	Zip Code ZipExt Address Type
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship	Record Type	Contact Order	
<input type="text"/>	<input type="text"/>	4	
Telephone	Work Phone	Extn	Mobile Phone Pager Ed Level
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Fingerprint Status		Fingerprint Date	
<input type="text"/>		<input type="text"/>	

After all Contact information has been updated click on **Confirm and Continue**.



Aeries - On Line Data Confirmation

Medical History

The **Medical History** screen will allow you to view Current Medical conditions and update if necessary. When complete, click **Save**.

- 1 Family Information
- 2 Income
- 3 Student
- 4 Contacts
- 5 Medical History
- 6 Documents
- 7 Authorizations
- 8 Final Data Confirmation

Confirm and Continue

Please review and update the medical history and condition(s) information below. If any additional medical conditions are not listed, click on the check box that applies. If your student has no medical issues you can leave the items blank.

Medical History and Current Medical Conditions

Condition	Effective Date	Age	Grade	Comment
<div style="background-color: #4a7ebb; color: white; padding: 2px 10px; display: inline-block; margin: 0 auto;">Save</div>				
Additional Conditions Please Check All That Apply				
<input type="checkbox"/> ADD/ADHD				
<input type="checkbox"/> Allergy- Drug/Medication				
<input type="checkbox"/> Allergies - EpiPen needed				
<input type="checkbox"/> Allergies - No EpiPen needed				
<input type="checkbox"/> Anemia				
<input type="checkbox"/> Anxiety/Panic Disorder				
<input type="checkbox"/> Arthritis				
<input type="checkbox"/> Asthma				
<input type="checkbox"/> Asthma - Needs inhaler				
<input type="checkbox"/> Autism Spectrum				
<input type="checkbox"/> Bleeding Disorder				
<input type="checkbox"/> Cancer				
<input type="checkbox"/> Cardiac Impairment/Heart Condition				
<input type="checkbox"/> Cardiac- No Restrictions				
<input type="checkbox"/> Cerebral Palsy				
<input type="checkbox"/> Concussion/Head Injury				
<input type="checkbox"/> Catheterization- Needs Assistance				
<input type="checkbox"/> Catheterization- Self				
<input type="checkbox"/> Congenital Adrenal Hyperplasia				
<input type="checkbox"/> Cystic Fibrosis				
<input type="checkbox"/> Deaf/Hard of Hearing				
<input type="checkbox"/> Depression				
<input type="checkbox"/> Diabetes Insipidus				
<input type="checkbox"/> Diabetes Type 1				
<input type="checkbox"/> Diabetes Type 2				
<input type="checkbox"/> Eating Disorder				
<input type="checkbox"/> GI Disorder				
<input type="checkbox"/> G-tube - Feedings at school				
<input type="checkbox"/> G-tube- No feedings at school				
<input type="checkbox"/> Headaches				
<input type="checkbox"/> History of Transplant				
<input type="checkbox"/> HX of Injury				
<input type="checkbox"/> HX of Major Organ Surgery/Transplant				
<input type="checkbox"/> HX of Other Health Condition				
<input type="checkbox"/> Hypertension				
<input type="checkbox"/> Ileostomy/Colostomy				
<input type="checkbox"/> Immune Disorder				
<input type="checkbox"/> Legally Blind				
<input type="checkbox"/> Medication Taken at Home				
<input type="checkbox"/> Medication Taken at School				
<input type="checkbox"/> Menstrual Difficulties - Chronic				
<input type="checkbox"/> Mental Health Condition				
<input type="checkbox"/> Migraines				
<input type="checkbox"/> Muscular Dystrophy				
<input type="checkbox"/> Neurological Condition				
<input type="checkbox"/> Neuromuscular Condition				
<input type="checkbox"/> Obesity				
<input type="checkbox"/> Orthopedic Condition				
<input type="checkbox"/> Other (specify)				
<input type="checkbox"/> Self-Mutilation				
<input type="checkbox"/> Seizure Disorder/Epilepsy				
<input type="checkbox"/> Seizure Disorder/Epilepsy- Diastat Needed				
<input type="checkbox"/> Severe Developmental Delays				
<input type="checkbox"/> Spina Bifida				
<input type="checkbox"/> SPHCS				
<input type="checkbox"/> Stroke HX				
<input type="checkbox"/> Tourette Syndrome				
<input type="checkbox"/> Tracheostomy- with Ventilator				
<input type="checkbox"/> Tracheostomy- no Ventilator				
<input type="checkbox"/> Vision- Wears glasses/Contacts				
<input type="checkbox"/> Visually Impaired				

Save

To add any Additional Medical Conditions select the appropriate check box. Today's date will default as the Effective Date but can be updated. Enter all necessary information. Click **Save**.

Allergy- Drug/Medication

Effective Date: 04/23/2020 📅

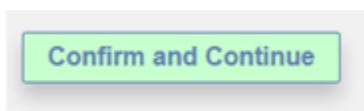
Age:

Grade:

Comment:

Allergies - EpiPen needed

After all Medical History has been updated click on **Confirm and Continue**.



Aeries - On Line Data Confirmation

Documents

The **Documents** screen will provide various documents that you need to download, fill out and signed. Please bring these documents with you when you re-enroll. Select the document in your language and download. For example below is one of the Documents that you will need to download.

- 1 Family Information
- 2 Income
- 3 Student
- 4 Contacts
- 5 Medical History
- 6 Documents
- 7 Authorizations
- 8 Final Data Confirmation

Confirm and Continue

Please select a document in your language and confirm it has been downloaded. Sign the document and bring with you to Enrollment.

Documents

Insurance Plan Descriptions

📄 Student Insurance Plan Descriptions - English
*Required

This document describes the various student insurance policies available for voluntary purchase.

Confirm the document in your language downloaded.

📄 Student Insurance Plan Descriptions - Spanish

Este documento describe las distintas normas de seguros para alumnos que se encuentran disponibles para su compra voluntaria

📄 Student Insurance Plan Descriptions - Korean

이 문서는 자발적으로 구매할 수 있는 다양한 학생 보험 증서에 대하여 설명하는 것입니다.

📄 Student Insurance Plan Descriptions - Vietnamese

Có rất nhiều chương trình bảo hiểm học sinh khác nhau trong trang chứng từ này để quý vị tùy ý chọn mua cho con em.

When complete click the Confirmation check box on the right side of the screen. Click on **Confirm and Continue**.

Authorizations and Prohibitions

The Authorizations and Prohibitions screen will display nine important district notifications for you to read and review. **Updating the Authorizations Data does not indicate that consent is being given or withheld to participate in any particular program.**

Click the Status for **ALL** Authorizations listed. **YOU MUST** click the status for each Authorization displayed.

Authorizations and Prohibitions	
Description	Status
Read and Understand District Does Not Assume Responsibility for Student Injury Costs AUHSD does not assume responsibility for student accidents and/or injuries but makes student insurance available for voluntary purchase. To enroll, visit the school's main office or for online enrollment.	<input checked="" type="checkbox"/> I Acknowledge
Electronic Report Cards – I can view and print my student's grades electronically from the Parent Portal as soon as a teacher posts grades. I will also receive an AUHSD Report Card emailed to me after the grading period is complete. If I wish to receive a paper copy of my student's report card, I must request this change in person at my school's Main Office. PLEASE NOTE: If you do not receive an email with an AUHSD Report card immediately contact the Registrar to verify the Parent Email Address.	<input checked="" type="checkbox"/> I Acknowledge
I have read and accepted the District Annual Notification of Rights as required by Education Code 48982. This does not indicate that consent to participate in any particular program has either been given or withheld. I am aware that the District Annual Notifications to Parents/Students is online at the link above.	<input checked="" type="checkbox"/> I Acknowledge
I/ We have read and accept the School Parent/Student Handbook information, including the Academic Honesty Policy, Cell Phone/Electronic Signaling Policy, Harassment /Bullying /Cyber bullying/Hazing Policies, and Attendance and Discipline Policies. I am aware that the School Parent/Student Handbook is online. See link above.	<input checked="" type="checkbox"/> I Acknowledge

Aeries - On Line Data Confirmation

There are (4) Authorizations that will allow you to select **Allow** or **Deny** or **Consent** or **Not**. Please read the Authorizations make your selection. Click **Save**.

<p>* Grant consent to the release of my child's related health records and access to my child's Medi-Cal benefits. The District, in cooperation with the California Departments of Health Care Services and Education, participates in a program that allows the District to be reimbursed for select health services provided to Medi-Cal eligible students at school. To receive reimbursement for these services, the District must obtain consent to release limited education records. Even if your student is not currently Medi-Cal eligible, your consent is still needed in the event that your child becomes eligible.</p>	<input type="checkbox"/> Allow <input type="checkbox"/> Deny
---	--

After all **Authorizations** has been updated click on **Confirm and Continue**.



Final Data Confirmation

The **Final Data Confirmation** screen requires you to confirm that all information on the tabs are correct. If they are correct click **Finish and Submit**. If there is data to be changed, click on the tab and make the appropriate changes. Return to the **Final Data Confirmation** tab and click **Finish and Submit**.

<div style="text-align: center;"><input checked="" type="checkbox"/> Family Information</div>	<p>Final Data Confirmation - I acknowledge that I have read and accurately verified/updated my current student's data to the best of my abilities, and have reviewed and understand the information stated above.</p> <p style="text-align: center; border: 1px solid #ccc; padding: 5px;">PLEASE CONFIRM THAT THE INFORMATION ON THE PREVIOUS TABS IS CORRECT</p> <p style="text-align: center; background-color: yellow; padding: 5px;">We appreciate you taking the time to update this information!</p>
<div style="text-align: center;"><input checked="" type="checkbox"/> Student</div>	
<div style="text-align: center;"><input checked="" type="checkbox"/> Contacts</div>	
<div style="text-align: center;"><input checked="" type="checkbox"/> Medical History</div>	
<div style="text-align: center;"><input checked="" type="checkbox"/> Documents</div>	
<div style="text-align: center;"><input checked="" type="checkbox"/> Authorizations</div>	
<div style="text-align: center;"><input type="checkbox"/> 7 Final Data Confirmation</div>	

Aeries - On Line Data Confirmation

You can then print the “Emergency Card” by clicking the **Print New Emergency Card** button to save for your personal records. **You no longer need to print a copy to bring to the school site.**

<ul style="list-style-type: none"> <li style="border: 1px solid #ccc; padding: 2px; margin-bottom: 2px;"><input checked="" type="checkbox"/> Family Information <li style="border: 1px solid #ccc; padding: 2px; margin-bottom: 2px;"><input checked="" type="checkbox"/> Student <li style="border: 1px solid #ccc; padding: 2px; margin-bottom: 2px;"><input checked="" type="checkbox"/> Contacts <li style="border: 1px solid #ccc; padding: 2px; margin-bottom: 2px;"><input checked="" type="checkbox"/> Medical History <li style="border: 1px solid #ccc; padding: 2px; margin-bottom: 2px;"><input checked="" type="checkbox"/> Documents <li style="border: 1px solid #ccc; padding: 2px; margin-bottom: 2px;"><input checked="" type="checkbox"/> Authorizations <li style="border: 1px solid #ccc; padding: 2px; margin-bottom: 2px;"><input checked="" type="checkbox"/> Final Data Confirmation 	<p style="color: red; font-size: small;">Thank you for confirming the student data in the system.</p> <p style="font-size: x-small;">Final Data Confirmation - I acknowledge that I have read and accurately verified/updated my current student's data to the best of my abilities, and have reviewed and understand the information stated above.</p> <p style="background-color: yellow; font-weight: bold; font-size: small;">We appreciate you taking the time to update this information!</p> <div style="border: 1px solid #ccc; padding: 5px; text-align: center; font-weight: bold; font-size: small; margin: 10px 0;">PLEASE CONFIRM THAT THE INFORMATION ON THE PREVIOUS TABS IS CORRECT</div> <div style="border: 1px solid #ccc; height: 100px; margin: 10px 0;"></div> <div style="text-align: center; margin-top: 10px;"> <input type="button" value="Print New Emergency Card"/> </div>
--	---

The following is an example of the “Emergency Card”.

2017-2018	Student Emergency Card	3/20/2018				
Student Information		Page 1				
Student ID	Last Name	First Name	Middle Name	Sex	Grade	Birthdate
1046283	TESTING	STUDENT		F	11	06/08/2000
Resid Address	501 N Crescent Way Anaheim, CA 92801-5401	Student's Mobile				
Mailing Address	501 N Crescent Way Anaheim, CA 92801-5401	Student's Email	1046283@student.auhsd.us			
Birth Place	United States of America	Counselor	Unassigned			
Parent/Guardian Information						
Lori Williamson		Primary Phone	(714) 999-3675			
auhsdparent5@gmail.com		Father's work				
Language:		Mother's work				
Emergency Contacts						
Primary Parent (lives with)		Mobile	(714) 999-3765			
Mother		Phone	(714) 999-3765	Work	(714) 999-3765	
auhsdparent5@gmail.com						
AUHS "Ticket to Enroll"						

Aeries - On Line Data Confirmation

When complete you will receive a confirmation email. Please save this email.

From: AuConnect@auhsd.us
To: williamson_j@auhsd.us
Cc:
Subject: Student Data Confirmation for: test test (School #= 472, Student #=21, Permanent ID= 1037805)

DATA CONFIRMATION RECEIPT

Thank you for confirming the data for your student: test test.

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.