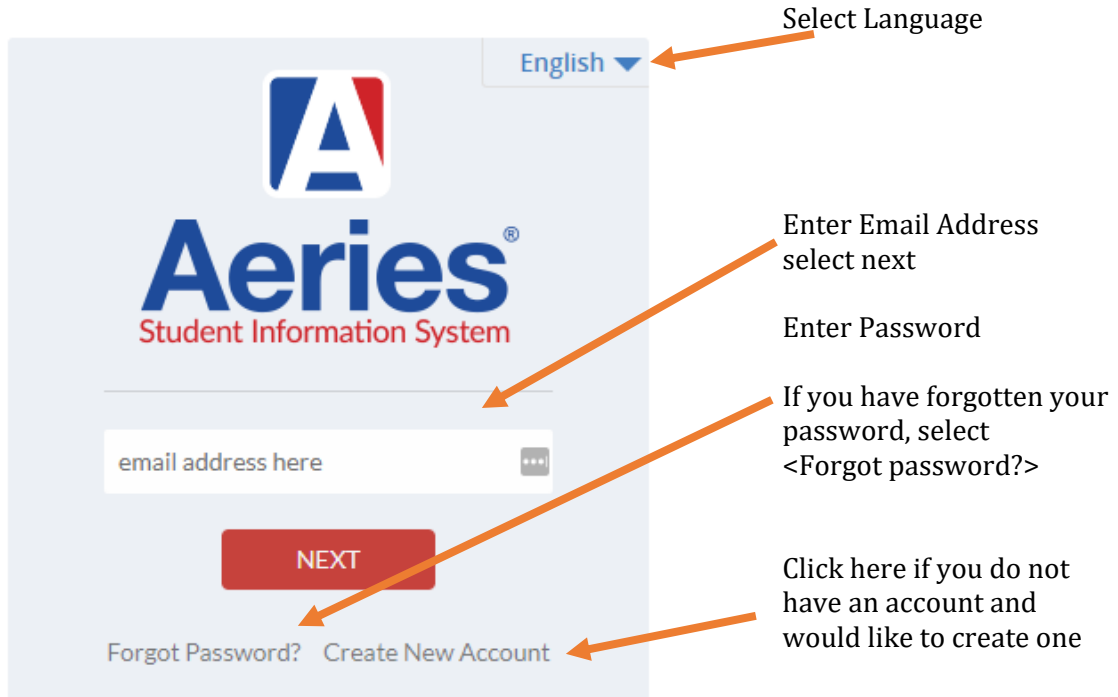


AERIES.NET Parent Portal Data Confirmation

The Data Confirmation process will allow you to update your student's Demographic, Contact, and Medical History data. You will need an Aeries.net Parent Portal account to login.

Oceanside Unified School District



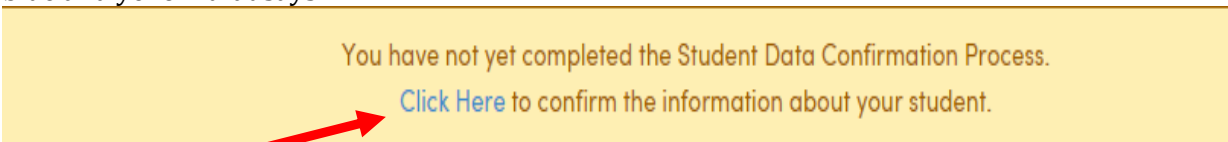
The screenshot shows the Aeries Student Information System login page. It features the Aeries logo and the text "Student Information System". There is a language selection dropdown menu set to "English". Below the logo is a text input field labeled "email address here" with a "NEXT" button. At the bottom, there are links for "Forgot Password?" and "Create New Account".

Annotations with arrows point to the following elements:

- Select Language (points to the "English" dropdown)
- Enter Email Address select next (points to the email input field)
- Enter Password (points to the area below the email field)
- If you have forgotten your password, select <Forgot password?> (points to the "Forgot Password?" link)
- Click here if you do not have an account and would like to create one (points to the "Create New Account" link)

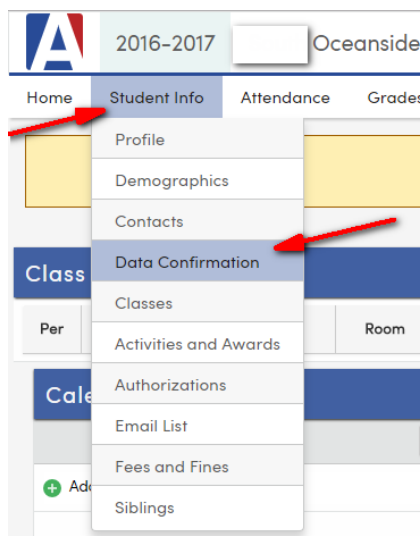
Data Confirmation Process

Once you log in. On the main page of your Aeries .Net Parent Portal, you will see a banner in dark blue and yellow that says:



You have not yet completed the Student Data Confirmation Process.
[Click Here](#) to confirm the information about your student.

Select **Click Here** to start the process or you will find the link under <Student Info> <Data Confirmation>



The screenshot shows the navigation menu of the Aeries Parent Portal. The menu includes "Home", "Student Info", "Attendance", and "Grades". The "Student Info" menu is expanded, showing options: Profile, Demographics, Contacts, Data Confirmation, Classes, Activities and Awards, Authorizations, Email List, Fees and Fines, and Siblings. A red arrow points to the "Data Confirmation" option.

Before starting the fall registration process, please confirm your student (above) is assigned at the right school (in the banner above). If your student is enrolled in more than one school, click on the "Change Student" dropdown menu. Once you are on the right student and school, you may begin.

Follow the instructions on each tab below to complete Registration.

1	Family Information
2	Contacts
3	Medical History
4	Documents
5	Authorizations
6	Final Data Confirmation

Confirm and Continue

**Remember to
Click "Save" on
each Tab to
continue**

1 Family Information

Please select whether or not at least one parent/guardian of this student is active in the United States Armed Forces

Please select one of the following options to complete the residence survey

2 Contacts

Please update parent/guardian contact information AND additional emergency contacts who you authorize to be notified and/or released to in an event of an emergency.

Be sure each parent is listed and identified as a parent/guardian in the "CODE" field. Parent/Guardian "Cell Phone" numbers will be contacted in the event of an important notification.

If you wish to remove a contact from this student, please contact the school office.

3 Medical History

Please contact the Health Office if any changes need to be made.

Additional Conditions <small>Please Check All That Apply</small>		
<input type="checkbox"/> Allergy - Food	<input type="checkbox"/> Diabetes Mellitus	<input type="checkbox"/> Leukemia
<input type="checkbox"/> Allergy - General	<input type="checkbox"/> Dislocation	<input type="checkbox"/> Lung Problem
<input type="checkbox"/> Anemia	<input type="checkbox"/> Dizziness / Fainting	<input type="checkbox"/> Lupus
<input type="checkbox"/> Anxiety	<input type="checkbox"/> Ears - Tubes	<input type="checkbox"/> Medications
<input type="checkbox"/> Arthritis	<input type="checkbox"/> Eating Disorder	<input type="checkbox"/> No Blood Products
<input type="checkbox"/> Asperger Syndrome	<input type="checkbox"/> Eczema	<input type="checkbox"/> Nose Bleeds
<input type="checkbox"/> Asthma	<input type="checkbox"/> Emotional Disorder	<input type="checkbox"/> Obsessive Compulsive DI
<input type="checkbox"/> Attention Deficit Disorder (ADD)	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Osgood Schlatter's Dista
<input type="checkbox"/> Attention Deficit Hyperactivity Disorder (ADHD)	<input type="checkbox"/> Exemption - Physical Activity	<input type="checkbox"/> Other Medical Condition
<input type="checkbox"/> Autism	<input type="checkbox"/> Fibromyalgia	<input type="checkbox"/> P.E. Restrictions
<input type="checkbox"/> Behavior Disorder	<input type="checkbox"/> Fracture	<input type="checkbox"/> Pacemaker
<input type="checkbox"/> Bipolar	<input type="checkbox"/> Gastritis	<input type="checkbox"/> Scoliosis
<input type="checkbox"/> Bladder Problems	<input type="checkbox"/> Head Injury	<input type="checkbox"/> Seizures
<input type="checkbox"/> Blood Condition	<input type="checkbox"/> Headaches	<input type="checkbox"/> Sickle Cell Anemia
<input type="checkbox"/> Cancer	<input type="checkbox"/> Hearing Issues	<input type="checkbox"/> Spina Bifida
<input type="checkbox"/> Celiac Disease	<input type="checkbox"/> Heart Condition	<input type="checkbox"/> Sun Sensitivity
<input type="checkbox"/> Cerebral Palsy	<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Surgery
<input type="checkbox"/> Concussion	<input type="checkbox"/> Hydrocephalus	<input type="checkbox"/> Teeth / Gum Issues
<input type="checkbox"/> Congenital Heart Disease	<input type="checkbox"/> Immune Disorder	<input type="checkbox"/> Thyroid Problem
<input type="checkbox"/> Crohn's Disease	<input type="checkbox"/> Irritable Bowel Syndrome	<input type="checkbox"/> Tourette's Syndrome
<input type="checkbox"/> Cystic Fibrosis	<input type="checkbox"/> Kidney Defect	<input type="checkbox"/> Vision Issues
<input type="checkbox"/> Developmental Disorder	<input type="checkbox"/> Lactose Intolerant	

Documents

Please read documents and check box(s) to complete section.
Documents may need to be printed and completed to return to school

<input checked="" type="checkbox"/> Family Information	
<input checked="" type="checkbox"/> Contacts	
<input checked="" type="checkbox"/> Medical History	
<input checked="" type="checkbox"/> Documents	<div style="border: 1px solid gray; padding: 5px;"> <p style="text-align: right; margin: 0;">Documents</p> <ul style="list-style-type: none"> Required Annual Notification/Notificacion Anual Requerida Health Care Info 1 Health Care Enroll OUSD School Calendar 2017-2018 </div>

5 Authorizations

Please review the following and allow/accept or deny/decline your consent. EACH Authorization & Prohibitions item must have a STATUS response in order to complete the registration process. SAVE. IF * Response Required still appears, one or more items has not yet saved. Once all items have been completed, the Red Message "Response Required" will disappear.

Description	Status
Are One or More Parents Active Military?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Are one or More Parents Military Veterans?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Student's residence is on federal property?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Are one or more parents a civilian working on federal property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
During the last two years, has the family worked or traveled to look for work in the processing of agricultural products such as picking, planting, or packing fruits and vegetables	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
During the last two years, has the family worked or traveled to look for work related to harvesting and cultivating trees	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
During the last two years, has the family worked or traveled to look for work in orchard work related to fruit trees and/or nuts	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
During the last two years, has the family worked or traveled to look for work in nursery work related to green houses and cultivation of flower plants	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Permission to release parent information to PTO or other parent groups?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Permission to release student information and/or pictures to the media?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Permission for student to attend field trips?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Permission for student's photo to be published in school yearbook	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Does your residence have Wireless connectivity (wifi)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Does your child have a medical condition? <small>If yes, please contact school's Health Office with Medical Info.</small>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

6 Final Data Confirmation

Final Data Confirmation – On this tab, please check each box to verify that you have completed each tab, then select SAVE. This will complete you Data Confirmation

By selecting the check boxes below you are verifying that you have updated all required information for this student. Please contact the school office for in-person registration dates/times to complete your re-registration.

- Confirm the information
- Click **SAVE**
- Click Print Emergency Card
- Review the Emergency Card and SIGN
- Return page to school

PLEASE CONFIRM THAT THE INFORMATION ON THE PREVIOUS TABS IS CORRECT

By printing the emergency card, you are "confirming" that you have completed the required steps. Please sign and return this to school on Registration Day.