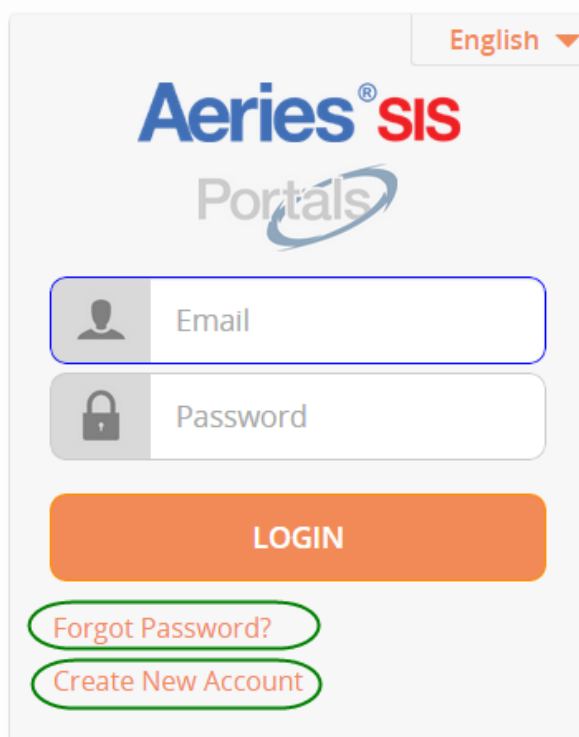


Parent Data Confirmation

Completing the Data Confirmation sections on your Aeries Parent Portal is a new method to completing the paper “Back to School” packet that is distributed and completed yearly. There are six sections to complete; some may require you to edit information, or check boxes, or to print & sign a form. You may complete all six sections of the Data Confirmation in one sitting, or you may finish one section, “Save” the edited information, log out and return to the Data Confirmation screens to begin where you left off.

You will first need to log into your parent portal account. Because passwords are encrypted, you will need to use the “Forgot password?” link to reset your password if you have forgotten it. If you do not have a parent portal account, click on the “Create new account” link.

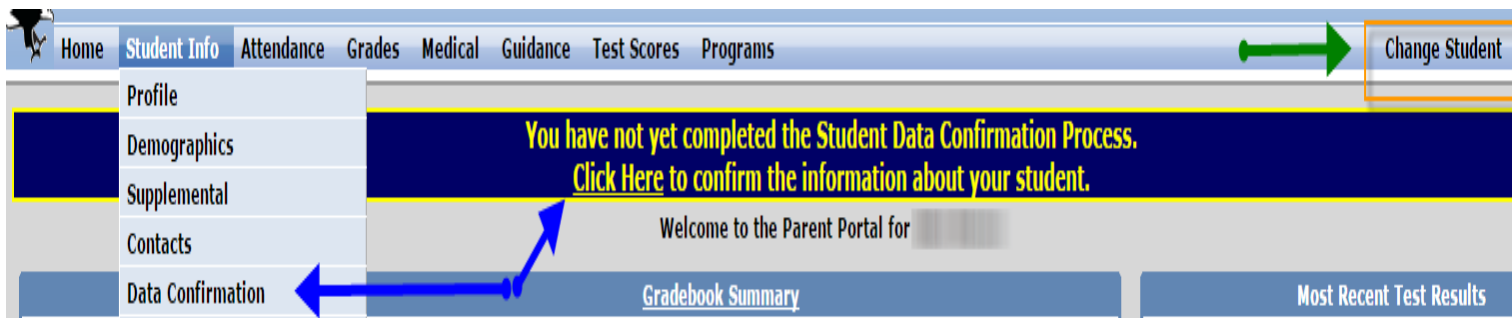
Huntington Beach Union High School District



The image shows a login interface for the Aeries SIS Portals. At the top right, there is a language selection dropdown menu set to "English". The main heading is "Aeries® SIS Portals". Below this, there are two input fields: "Email" with a person icon and "Password" with a lock icon. A large orange "LOGIN" button is positioned below the input fields. At the bottom, there are two links: "Forgot Password?" and "Create New Account", both enclosed in rounded rectangular buttons.

After logging into your parent portal account, you will be on the Homepage of your student's information.

If you have more than one student, you can view each by selecting Change Student. To begin, open the "Student Info" dropdown, and select "Data Confirmation"



The Data Confirmation screen gives a brief description and explains what to do to start the process. All sections that will need review and/or updating are listed from 1 – 6, on the left side of the screen. The Data Confirmation screen also contains the first updateable section, where you will begin the process of updating your student's emergency information: Section 1 - Student Demographics. This section contains the current address and phone number assigned to your student. Click on the "Change" box to make any changes to the current information.

Begin by editing the information. After making changes and click Save. Click Confirm and Continue to move to Section 2.

Section 2- Contacts Use this section to change, add or delete the existing emergency contact information for your student. Highlight each existing contact, then either click on "Change", "Add" or "Delete". In addition to each parent, include two additional emergency contacts and your student's physician information. After changing or adding contacts, click on the "Save" box below the edited information.

Confirm and Continue

Student Demographics		
		Notes
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		
Student's Mobile		
Parent Highest Education Level	Declined to State/Unknown	
		Change

Education Level

Save

Cancel

Section 3: Medical Information

1. **Provide medical insurance information.** In the table below, go to the comment "Medical Insurance Info".

- Click in the "Comment" box after "My Medical Insurance is:"
- Type your insurance company name (i.e. Blue Cross, Aetna, Kaiser, Medi-CAL, etc.)
- Type "NONE" if your student does not have Medical Insurance
- Click on save

2. Under Additional Conditions, click on EACH medical condition that applies to your child.

- State dates and details about the condition by typing in the "Comments" box
- Click on save

3. If your child takes any PRESCRIPTION medicines (In Additional Conditions Section):



- **Click on the box "Medications Taken at Home".**
- Click in the "Comments" box and type the name of the medicine, dosage, frequency, and what the medicine is used for.
- Click on save
- **Click on the box "Medications Taken at School".**
- Click in the "Comments" box and type the name of the medicine, dosage, frequency, and what the medicine is used for.
- Click on save

Medical History and Current Medical Conditions					
Condition	Effective Date	Age	Grade	Comment	
Medical Insurance Info	<input type="text"/>	0	0	My Medical Insurance is:	<input type="button" value="No Longer Applies"/>
<input type="button" value="Save"/> ←					
Additional Conditions Please Check All That Apply					
<input type="checkbox"/> Medications Taken at Home	<input type="checkbox"/> Cystic Fibrosis	<input type="checkbox"/> Other Orthopedic Impairment			
<input type="checkbox"/> Medications Taken at School	<input type="checkbox"/> Deaf/Hard of Hearing	<input type="checkbox"/> Other Neuromuscular Disorder			
<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> Diabetes Type 1	<input type="checkbox"/> Other Emotional/Psychological Problem			
<input type="checkbox"/> Allergy - Drug/Medication	<input type="checkbox"/> Diabetes Type 2	<input type="checkbox"/> Other Health Problem Not Listed			
<input type="checkbox"/> Allergy - Insect	<input type="checkbox"/> Depression	<input type="checkbox"/> Physical Ed Limitations/Restrictions-Doctor Recommended			
<input type="checkbox"/> Allergy - Food	<input type="checkbox"/> Eating Disorder	<input type="checkbox"/> Scoliosis			
<input type="checkbox"/> Allergy - Latex	<input type="checkbox"/> Has a Feeding Tube	<input type="checkbox"/> Seizure Disorders			
<input type="checkbox"/> Allergy - Seasonal	<input type="checkbox"/> Has an Ileostomy/Colostomy	<input type="checkbox"/> Sit in Front-Doctor Recommended			
<input type="checkbox"/> Allergy - Unknown	<input type="checkbox"/> Has Diastat	<input type="checkbox"/> Spina Bifida			
<input type="checkbox"/> Asthma	<input type="checkbox"/> Has Epi-Pen	<input type="checkbox"/> Thyroid Disorder			
<input type="checkbox"/> Arthritis	<input type="checkbox"/> Has Tracheostomy	<input type="checkbox"/> Traumatic Brain Injury			
<input type="checkbox"/> Autism	<input type="checkbox"/> Heart Condition	<input type="checkbox"/> Tourettes			
<input type="checkbox"/> Bipolar Disorder	<input type="checkbox"/> Immune Disorder	<input type="checkbox"/> Transplants			
<input type="checkbox"/> Bladder Problems	<input type="checkbox"/> Irritable Bowel Syndrome	<input type="checkbox"/> Ulcer			
<input type="checkbox"/> Bleeding Disorder	<input type="checkbox"/> Kidney Problems	<input type="checkbox"/> Vision - Blind			
<input type="checkbox"/> Bowel Problems	<input type="checkbox"/> Migraines/Severe Headaches	<input type="checkbox"/> Vision - Color Blind			
<input type="checkbox"/> Cancer	<input type="checkbox"/> Muscular Dystrophy	<input type="checkbox"/> Visual Impairment			
<input type="checkbox"/> Carries Inhaler at School	<input type="checkbox"/> Needs Catheterization	<input type="checkbox"/> Wears Glasses/Contacts			
<input type="checkbox"/> Cerebral Palsy	<input type="checkbox"/> Needs Toileting Assistance	<input type="checkbox"/> Wears Hearing Aide			
<input type="checkbox"/> Colitis/Crohns Disease	<input type="checkbox"/> Non-Verbal	<input type="checkbox"/> Weight Problems			
<input type="checkbox"/> Concussion/Head Injury	<input type="checkbox"/> None	<input type="checkbox"/> Wheelchair			
<input type="checkbox"/> Congenital Adrenal Hyperplasia	<input type="checkbox"/> Orthopedic Assistive Device				
<input type="button" value="Save"/> ←					

🔍 WHEN FINISHED – Click **Confirm and Continue**.

Scroll up to the blue arrow and continue to Section #4 by clicking on the tab: 4 - Documents

Section 4 – Documents This section contains information that should be read because they may be referenced in the next section that will require a Yes/No response. Some of the documents in this section may require you to print a copy so that you can add your signature and send it to the school with your child. Check each box as you finish reading or printing the document; then continue onto the next section.

Documents	
Policy Document	
 McKinney Vento Assistance 15-16 If applicable, print, complete and return to school during registration. Spanish Document Vietnamese Document	<input checked="" type="checkbox"/> I have received this document
 Parent Notice Non Release If you do not want the Huntington Beach Union High School District to release directory information for your student, please fill out the form below and return it during registration. Spanish Document Vietnamese Document	<input checked="" type="checkbox"/> I have received this document

Section 5 – Authorizations & Prohibitions This section requires you to add a check to either the Yes or No box. Read each description carefully before answering, some descriptions contain a link to the referenced document (copy & paste the link into a separate browser address bar). Remember to click the “Save” box before leaving this section. After completing, click Confirm and Continue.

Authorizations

6 Final Data Confirmation

Confirm and Continue

Links are included for the Planning Guide and Parent Notifications.
Click **SAVE** after all items have a response.

Authorizations and Prohibitions	
Description	Status
Confidential Health Information I give permission to the school nurse to give confidential health information to teachers.	<input checked="" type="checkbox"/> Allow <input type="checkbox"/> Deny
Medical Permission for school nurse to contact family physician in case of illness or emergency In case of illness or injury, I give permission for the school nurse to contact family physician.	<input checked="" type="checkbox"/> Allow <input type="checkbox"/> Deny
Does Student have an allergic reaction to any type of medication?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Medical Permission for Non-Prescription Medication I give permission for the school nurse to administer non-prescription medication when appropriate in his/her professional judgement as approved by the consulting physician.	<input checked="" type="checkbox"/> Allow <input type="checkbox"/> Deny
Does the student use doctor prescribed Epinephrine (EpiPen) for known allergic reactions?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Planning Guide, Parent Notifications and complaint procedures	

Final Data Confirmation – Please review sections 1-6 to verify that all information is correct and complete. If you would like to learn more about free/reduced priced meals, make sure to click the link to obtain the application and return it to your school in August. Click Submit Final Confirmation.

✓ Authorizations

6 Final Data Confirmation

Submit Final Confirmation

PLEASE CONFIRM THAT THE INFORMATION ON THE PREVIOUS TABS IS CORRECT

CONGRATULATIONS! You have completed your Annual Verification of Enrollment.

Reminder: Don't forget to bring the following to Registration Day in August:

- SIGNED Emergency Card
- Additional forms as required in Step #4

FOOD & NUTRITION SERVICES:

If you have not already done so, you may follow the links below to our Food & Nutrition Services website.

- It's not just about meals anymore! Learn if you qualify for free or reduced price meals for your student(s) based on income and household size.
- Please, submit only ONE application per household.
- We encourage all to apply!! Even if you choose NOT to participate in the program, your APPROVED application MAXIMIZES FUNDING FOR YOUR SCHOOLS through the new Local Control Funding Formula.

Meal Application:

- To learn if you qualify and to apply for free/reduced priced meals [click here.](#)

After clicking Submit Final Data Confirmation you will be able to print your emergency card to return during your school's registration in August.

CONGRATULATIONS! You have completed your Annual Verification of Enrollment.

Reminder: Don't forget to bring the following to Registration Day in August:

- SIGNED Emergency Card
- Additional forms as required in Step #4

FOOD & NUTRITION SERVICES:

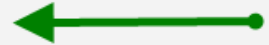
If you have not already done so, you may follow the links below to our Food & Nutrition Services website.

- It's not just about meals anymore! Learn if you qualify for free or reduced price meals for your student(s) based on income and household size.
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Meal Application:

- To learn if you qualify and to apply for free/reduced priced meals [click here.](#)

[Print New Emergency Card](#)



Thank you for completing the Parent Data Verification Process!