

# ANAHEIM UNION HIGH SCHOOL DISTRICT

*Learning With Purpose: College and Career Ready*

## Parent Portal

### Instructions for Student Enrollment Phase I

Education and Information Technology Department

**2020**

Version 2.0

**Aeries - On Line Parent Enrollment**

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## Aeries - On Line Parent Enrollment

### Aeries Enrollment

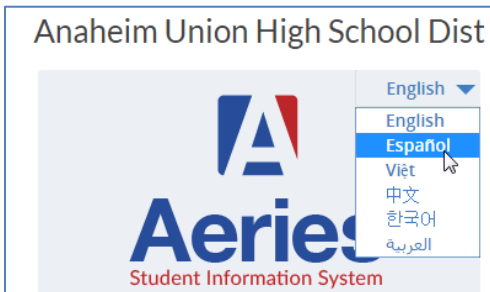
The **Student Data Confirmation** program is designed for parents / guardians with *existing* Aeries Parent Portal accounts to allow them to update key information for enrollment.

### Student Enrollment

Click on the following link to get to the Parent Portal: <https://aeriesconnect.auhsd.us/auconnect>

If you have issues accessing the parent portal they can be directed to [passwords@auhsd.us](mailto:passwords@auhsd.us).

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.

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 Parent Enrollment

## Residence Survey

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**.

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

**Confirm and Continue**

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

- Yes, at least one parent/guardian of this student is active in the United States Armed Forces.
- No, this student does not have a parent/guardian who is active in the United States Armed Forces.

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

- 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.
- Hotels/Motels**  
A temporary residence for homeless individuals usually requiring payment or vouchers for lodging and services on a daily, weekly, or monthly basis.
- 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.
- 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

# Aeries - On Line Parent Enrollment

## 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.

The screenshot shows a sidebar menu on the left with options: Family Information (checked), Income (checked), Student (3), Contacts (4), Medical History (5), Documents (6), and Authorizations (7). The main content area displays 'Last Confirmed: 4/23/2020 1:18:30 PM' and a paragraph about funding eligibility. Below this, it asks 'How many people are in your household?' and provides radio button options for 1, 2, 3, 4, 5, and 'More' (with a dropdown menu showing '7'). The 'More' option is highlighted in green.

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

The screenshot shows a sidebar menu with 'Final Data Confirmation' selected. The main content area asks 'What is your total monthly household income?' and provides three radio button options: '\$4227 or less', '\$4228 - \$6015', and '\$6016 or greater'. A green 'Confirm and Continue' button is visible on the left side of the form.

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

The dialog box is titled 'Income Survey' and contains the text: 'Are you sure you want to continue, this will indicate that you've declined to state your income levels?'. At the bottom, there are two buttons: 'Decline To Respond' and 'Complete the Survey'.

# Aeries - On Line Parent Enrollment

## Student Demographics

The Student screen will only require you to update the Primary Phone number if necessary. If the mailing address has changed *please contact the Registrar at your school*. Click **Change** to update the **Primary Phone**.

The only Student Information that you will need to update will be your Primary Phone number if it has changed.

If your Mailing Address or Residence Address has changed please contact the Registrar at your school site for information on updating this data.

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

**Change**

Click **Save**. Click on **Confirm and Continue**.

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

Please review the Emergency Contact information below and make any necessary changes to the 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. This must be done at the School Office.

Also PLEASE be sure to click on **SAVE** after ALL changes.

Contacts		+ Add
 <b>Test Parent</b>	<b>Mother</b>	
📍 501 N Crescent Way, Anaheim CA 92801	🏠 Lives With	★ Primary Contact
✉ flaeitf@gmail.com		
☎ (714) 999-3765		

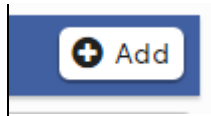
©Last Updated: 2/20/2020 8:01 AM

# Aeries - On Line Parent Enrollment

Update any necessary data. Click **Save**.

Edit Contact							
Prefix	Last Name	First Name	Middle Name	Suffix	Mailing Name		
	Parent	Test			Test Parent		
<input type="checkbox"/> Lives With?	<input type="checkbox"/> Address	City		State	Zip Code	ZipExt	Address Type
<input type="checkbox"/> Y	501 N Crescent Way	Anaheim		CA	92801		
Relationship		Code		Enrolled the Student			
Mother							
Telephone	Work Phone	Extn	Mobile Phone	Pager			
(714) 999-3765							
Birthdate	TB Test Status	TB Test Expiration	Fingerprint Status	Fingerprint Date			
Email Address	Employer Name		Employer Location		Occupation		
flaeitf@gmail.com							
User 1	User 2	User 3	User 4	User 5	User 6	User 7	User 8
<input type="button" value="Save"/> <input type="button" value="Cancel"/>							

To add a new contact click **Add**.

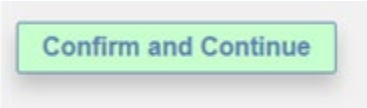


# Aeries - On Line Parent Enrollment

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

Edit Contact							
Prefix	Last Name	First Name	Middle Name	Suffix	Mailing Name		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
<input type="checkbox"/> Lives With?	<input type="text"/> Address	City	State	Zip Code	ZipExt	Address Type	
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Relationship	Code		Enrolled the Student				
<input type="text"/>	<input type="text"/>		<input type="text"/>				
Telephone	Work Phone	Extn	Mobile Phone	Pager			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
Birthdate	TB Test Status	TB Test Expiration	Fingerprint Status	Fingerprint Date			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
<input checked="" type="checkbox"/> Email Address	Employer Name		Employer Location		Occupation		
<input type="text"/>	<input type="text"/>		<input type="text"/>		<input type="text"/>		
User 1	User 2	User 3	User 4	User 5	User 6	User 7	User 8
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="button" value="Save"/> <input type="button" value="Cancel"/>							

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





**Aeries - On Line Parent Enrollment**

## 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
<span style="background-color: #4F81BD; color: white; padding: 2px 10px; border: 1px solid gray;">Save</span>				
Additional Conditions Please Check All That Apply				
<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> Depression	<input type="checkbox"/> Mental Health Condition		
<input type="checkbox"/> Allergy- Drug/Medication	<input type="checkbox"/> Diabetes Insipidus	<input type="checkbox"/> Migraines		
<input type="checkbox"/> Allergies - EpiPen needed	<input type="checkbox"/> Diabetes Type 1	<input type="checkbox"/> Muscular Dystrophy		
<input type="checkbox"/> Allergies - No EpiPen needed	<input type="checkbox"/> Diabetes Type 2	<input type="checkbox"/> Neurological Condition		
<input type="checkbox"/> Anemia	<input type="checkbox"/> Eating Disorder	<input type="checkbox"/> Neuromuscular Condition		
<input type="checkbox"/> Anxiety/Panic Disorder	<input type="checkbox"/> GI Disorder	<input type="checkbox"/> Obesity		
<input type="checkbox"/> Arthritis	<input type="checkbox"/> G-tube - Feedings at school	<input type="checkbox"/> Orthopedic Condition		
<input type="checkbox"/> Asthma	<input type="checkbox"/> G-tube- No feedings at school	<input type="checkbox"/> Other (specify)		
<input type="checkbox"/> Asthma - Needs inhaler	<input type="checkbox"/> Headaches	<input type="checkbox"/> Self-Mutilation		
<input type="checkbox"/> Autism Spectrum	<input type="checkbox"/> History of Transplant	<input type="checkbox"/> Seizure Disorder/Epilepsy		
<input type="checkbox"/> Bleeding Disorder	<input type="checkbox"/> HX of Injury	<input type="checkbox"/> Seizure Disorder/Epilepsy- Diastat Needed		
<input type="checkbox"/> Cancer	<input type="checkbox"/> HX of Major Organ Surgery/Transplant	<input type="checkbox"/> Severe Developmental Delays		
<input type="checkbox"/> Cardiac Impairment/Heart Condition	<input type="checkbox"/> HX of Other Health Condition	<input type="checkbox"/> Spina Bifida		
<input type="checkbox"/> Cardiac- No Restrictions	<input type="checkbox"/> Hypertension	<input type="checkbox"/> SPHCS		
<input type="checkbox"/> Cerebral Palsy	<input type="checkbox"/> Ileostomy/Colostomy	<input type="checkbox"/> Stroke HX		
<input type="checkbox"/> Concussion/Head Injury	<input type="checkbox"/> Immune Disorder	<input type="checkbox"/> Tourette Syndrome		
<input type="checkbox"/> Catheterization- Needs Assistance	<input type="checkbox"/> Legally Blind	<input type="checkbox"/> Tracheostomy- with Ventilator		
<input type="checkbox"/> Catheterization- Self	<input type="checkbox"/> Medication Taken at Home	<input type="checkbox"/> Tracheostomy- no Ventilator		
<input type="checkbox"/> Congenital Adrenal Hyperplasia	<input type="checkbox"/> Medication Taken at School	<input type="checkbox"/> Vision- Wears glasses/Contacts		
<input type="checkbox"/> Cystic Fibrosis	<input type="checkbox"/> Menstrual Difficulties - Chronic	<input type="checkbox"/> Visually Impaired		
<input type="checkbox"/> Deaf/Hard of Hearing				

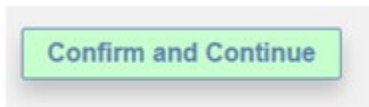
Save

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 Parent Enrollment**

## Documents

The **Documents** screen will provide various documents that need to be 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.

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 chững từ này để quý vị tùy ý chọn mua cho con em.

[Confirm and Continue](#)

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 “I Acknowledge” for **ALL** Authorizations listed. **YOU MUST** click the status for each Authorization displayed.

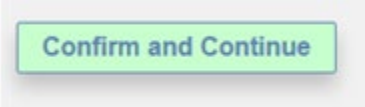
Authorizations and Prohibitions	
Description	Status
<p><b>Read and Understand District Does Not Assume Responsibility for Student Injury Costs</b>                      AUHSD does not assume responsibility for student accidents and/or injuries but makes student insurance available for voluntary purchase. To enroll, visit the school's main office or for online enrollment - <a href="#">Click here</a></p>	<input type="checkbox"/> I Acknowledge
<p><b>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.</b>                      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.</p> <p><b>PLEASE NOTE: If you do not receive an email with an AUHSD Report card immediately contact the Registrar to verify the Parent Email Address.</b></p>	<input type="checkbox"/> I Acknowledge
<p><b>I have read and accepted the District Annual Notification of Rights as required by Education Code 49882.</b>                      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 - <a href="#">Click here</a></p>	<input type="checkbox"/> I Acknowledge
<p><b>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.</b>                      I am aware that the School Parent/Student Handbook is online - <a href="#">Click here</a></p>	<input type="checkbox"/> I Acknowledge

## Aeries - On Line Parent Enrollment

There is one Authorization that will allow you to select **Allow** or **Deny**. Please read the Authorizations and select either Allow or Deny. Click **Save**.

<p><b>Grant consent to the release of my child's related health records and access to my child's Medi-Cal benefits.</b>                  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 Status** 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**.

<ul style="list-style-type: none"> <li style="border: 1px solid #ccc; padding: 2px; margin-bottom: 2px;"><input checked="" type="checkbox"/> Family Information</li> <li style="border: 1px solid #ccc; padding: 2px; margin-bottom: 2px;"><input checked="" type="checkbox"/> Student</li> <li style="border: 1px solid #ccc; padding: 2px; margin-bottom: 2px;"><input checked="" type="checkbox"/> Contacts</li> <li style="border: 1px solid #ccc; padding: 2px; margin-bottom: 2px;"><input checked="" type="checkbox"/> Medical History</li> <li style="border: 1px solid #ccc; padding: 2px; margin-bottom: 2px;"><input checked="" type="checkbox"/> Documents</li> <li style="border: 1px solid #ccc; padding: 2px; margin-bottom: 2px;"><input checked="" type="checkbox"/> Authorizations</li> <li style="border: 1px solid #ccc; padding: 2px; margin-bottom: 2px;"><input type="checkbox"/> Final Data Confirmation</li> </ul>	<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>PLEASE CONFIRM THAT THE INFORMATION ON THE PREVIOUS TABS IS CORRECT</p> <p style="background-color: yellow; padding: 2px;"><b>We appreciate you taking the time to update this information!</b></p>
<input type="button" value="Finish and Submit"/>	

You can then print the **"Ticket to Enroll"** by clicking the **Print New Emergency Card** button. Please have both parents sign and bring the **"Ticket to Enroll"** 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> <li style="border: 1px solid #ccc; padding: 2px; margin-bottom: 2px;"><input checked="" type="checkbox"/> Student</li> <li style="border: 1px solid #ccc; padding: 2px; margin-bottom: 2px;"><input checked="" type="checkbox"/> Contacts</li> <li style="border: 1px solid #ccc; padding: 2px; margin-bottom: 2px;"><input checked="" type="checkbox"/> Medical History</li> <li style="border: 1px solid #ccc; padding: 2px; margin-bottom: 2px;"><input checked="" type="checkbox"/> Documents</li> <li style="border: 1px solid #ccc; padding: 2px; margin-bottom: 2px;"><input checked="" type="checkbox"/> Authorizations</li> <li style="border: 1px solid #ccc; padding: 2px; margin-bottom: 2px;"><input checked="" type="checkbox"/> Final Data Confirmation</li> </ul>	<p style="color: red;">Thank you for confirming the student data in the system.</p> <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="background-color: yellow; padding: 2px;"><b>We appreciate you taking the time to update this information!</b></p> <p>PLEASE CONFIRM THAT THE INFORMATION ON THE PREVIOUS TABS IS CORRECT</p> <p style="background-color: yellow; padding: 2px;"><b>Please print a copy of the Emergency Card and have both parents sign.</b></p> <p style="background-color: yellow; padding: 2px;"><b>This will be your "Ticket to Register". Bring your "Ticket to Register" with you when enrolling your student.</b></p> <p style="background-color: yellow; padding: 2px;"><b>Also, print a copy of the "Ticket to Register" for your own personal records.</b></p> <p style="text-align: center;"><input type="button" value="Print New Emergency Card"/></p>
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## Aeries - On Line Parent Enrollment

The following is an example of the "Ticket to Register".

<b>TESTING, STUDENT</b>		<b>Z-Inactive School</b>	
<b>2017-2018</b>		<b>Student Emergency Card</b>	
		<b>3/20/2018</b>	
<b>Student Information</b>			<b>Page 1</b>
Student ID	Last Name	First Name	Middle Name
1046283	TESTING	STUDENT	
Sex	Grade	Birthdate	
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
<b>Parent/Guardian Information</b>			
Lori Williamson	Primary Phone		(714) 999-3675
auhsdparent5@gmail.com	Father's work		
Language:	Mother's work		
<b>Emergency Contacts</b>			
Primary Parent (lives with)	Mobile		(714) 999-3765
Mother	Phone	(714) 999-3765	Work (714) 999-3765
auhsdparent5@gmail.com			
<b>AUHS "Ticket to Enroll"</b>			
Please print a copy of the Emergency Card. Have both parents sign. This will be your "Ticket to Enroll".			
Bring your "Ticket" with you when enrolling your student. Also, print a copy of the "Ticket" for your own personal records.			
_____ Parent/Guardian Signature	_____ Date	_____ Parent/Guardian Signature	_____ Date

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

From:	AuConnect@auhsd.us
To:	williamson_l@auhsd.us
Cc:	
Subject:	Student Data Confirmation for: test test (School # = 472, Student # = 21, Permanent ID = 1037805)
<p><b>DATA CONFIRMATION RECEIPT</b></p> <p>Thank you for confirming the data for your student: test test.</p> <p>Having accurate information greatly helps the school maintain a healthy and safe learning environment.</p> <p>This email confirms that you have completed the data confirmation process.</p>	