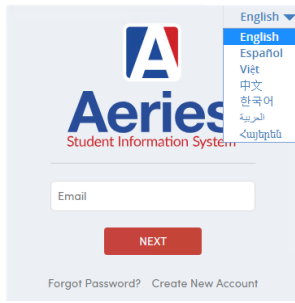


Aeries Parent Portal: Annual Data Confirmation Process – 7 Steps Using a Web Browser

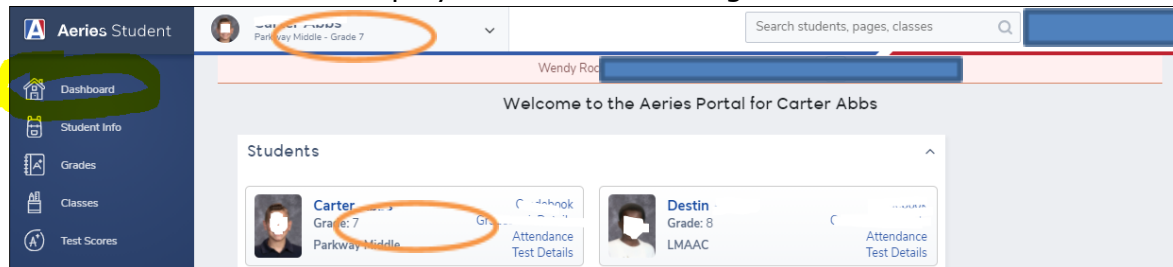
Parent Logs In

1. Parent Logs in from an email when school office adds them on the Contacts screen or at <https://Aeries.lmsvsd.net/portal>
2. Multi-lingual support (only **English or Spanish** may be chosen at the top of the login window)
3. Parent uses **"Forgot Password"** on this screen to perform a self-service Password



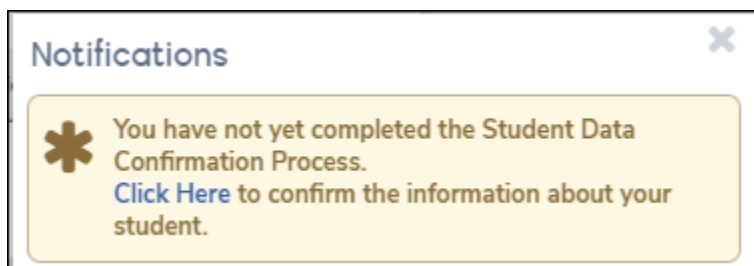
Parent chooses student

Dashboard: screen that displays when a Parent logs to the Parent Portal



Parent chooses a student by clicking on the student's name either on the top left navigation or on the name listed on the dashboard

Parent clicks "Click Here" on the Notifications box



Once the Annual Data Confirmation is completed this Notification is no longer displayed

NOTE: Parent makes selections on each step and must click on the



Confirm and Continue button after each step

If a step is not complete a message will say **You cannot continue with the confirmation process until you answer all required authorization questions**

	① Family Information	Residence Survey Audit
	② Student	Residence or Mailing Address Change request
	③ Contacts	Emergency Contacts Information Changes
	④ Medical History	Medical History and additional Medical Conditions
	⑤ Documents	Parent Receives these four Annual Documents <ol style="list-style-type: none"> 1. Technology Take Home Agreement 2. Annual Notification 3. Electronic Permission 4. AUTA
	⑥ Authorizations	Authorizations and Prohibitions
	⑦ Final Data Confirmation <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 5px auto;">Confirm and Continue</div>	Finish and Submit <div style="border: 1px solid black; padding: 10px; width: fit-content; margin: 10px auto; background-color: #e0ffe0;">Finish and Submit</div>

1 Family Information

Step 1: Family Information (Residence Survey)

Family Information

2 Student

3 Contacts

4 Medical History

5 Documents

6 Authorizations

7 Final Data Confirmation

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. This is also applicable to children who are in temporary residences awaiting permanent placement in foster care.

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 persons abandoned in the hospital (on the street). A rule of thumb would be to see the dwelling as comparable to an automobile in that it shelters but is not adequate housing.

None of the above You may select this option if none of the above home situations apply to this student.

2 Student

Step 2: Student Mailing and Residence Address

To submit a correction or new address to the School, Click the **Change** button

Notes: **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.**

Click **Save**

Click **Confirm and Continue** button

If no change to either address, only need to Click the Confirm and Continue button

Family Information
 Student
 Contacts
 Medical History
 Documents
 Authorizations
 Final Data Confirmation

Here you can change your mailing or residence address.

Student Demographics	
Notes	
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.
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.

Change

Confirm and Continue

Step 3: Contacts

3 Contacts




Parent enters any Emergency Contacts and changes are sent to Office for input into Contacts screen

Family Information
 Student
 Contacts
 Medical History
 Documents
 Authorizations
 Final Data Confirmation

You can change contacts' phone numbers, email addresses, and street addresses in the Contact section. In order to add or delete contacts, you will need to contact your school's office.

Puede cambiar los números de teléfono, los domicilios de correo electrónico y las direcciones de los contactos en la sección de contactos (Contact). Para agregar o eliminar contactos, llame a la oficina de su escuela.

Contacts

 [Redacted Name]
 4750 Date Avenue, La Mesa CA 91942
 [Redacted Email]@lmsvdsd.net
 (619) 668-5700

©Last Updated: 7/25/2022 10:10 AM

Confirm and Continue

4 Medical History

Step 4: Parent enters any Medical History and Current Medical Conditions and any Additional Conditions

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

Confirm and Continue

Please provide a list of any medical conditions this student has by selecting a medical condition from the drop-down selection and click Add. You may provide additional information about the condition in the comment area.

IMPORTANT - You MUST select at least one option from the drop-down list. If your student does not have any health concerns, please select "No health concerns per health enrollment" and click "Add". If you do not select at least one option, you will be contacted by the school office to complete your enrollment.

Medical History and Current Medical Conditions

Condition	Effective Date	Age	Grade	Comment
<input type="button" value="Save"/>				

Additional Conditions Please Check All That Apply

- | | | |
|---|--|--|
| <input type="checkbox"/> No health concerns per health enrollment | <input type="checkbox"/> Cardiovascular Disease/Disorder | <input type="checkbox"/> Immune System Disorder |
| <input type="checkbox"/> ADHD | <input type="checkbox"/> Celiac Disease | <input type="checkbox"/> Kidney/Bladder Problems |
| <input type="checkbox"/> Allergy - food - mild - NO emergency medication (EpiPen) needed | <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Mental Health Diagnosis/Concern |
| <input type="checkbox"/> Allergy - food - severe - emergency medication (EpiPen) needed | <input type="checkbox"/> Concussion/Head Injury, History of | <input type="checkbox"/> Muscular Dystrophy |
| <input type="checkbox"/> Allergy - insect sting/bite- mild - NO emergency medication (EpiPen) needed | <input type="checkbox"/> Cystic Fibrosis | <input type="checkbox"/> Musculoskeletal Disorder |
| <input type="checkbox"/> Allergy - insect sting/bite - severe - emergency medication (EpiPen) needed | <input type="checkbox"/> Diabetes Mellitus Type 1 | <input type="checkbox"/> Neurological Conditions |
| <input type="checkbox"/> Allergy - medication- mild - NO emergency medication (EpiPen) needed | <input type="checkbox"/> Diabetes Mellitus Type 2 | <input type="checkbox"/> Organ Transplant |
| <input type="checkbox"/> Allergy - medication - severe - emergency medication (EpiPen) needed | <input type="checkbox"/> Dietary Restrictions/Accommodations | <input type="checkbox"/> Respiratory/Lung/Pulmonary Disease/Disorder |
| <input type="checkbox"/> Allergy - seasonal/environmental- mild - NO emergency medication (EpiPen) needed | <input type="checkbox"/> Down Syndrome | <input type="checkbox"/> Seizure Disorder |
| <input type="checkbox"/> Allergy - seasonal/environmental - severe - emergency medication (EpiPen) needed | <input type="checkbox"/> Endocrine/Metabolic Condition | <input type="checkbox"/> Sickle Cell Anemia |
| <input type="checkbox"/> Allergy - other - mild - NO emergency medication (EpiPen) needed | <input type="checkbox"/> Food Intolerance | <input type="checkbox"/> Skin Disorder/Disease |
| <input type="checkbox"/> Allergy - other - severe - emergency medication (EpiPen) needed | <input type="checkbox"/> Gastrostomy | <input type="checkbox"/> Spina Bifida/Arnold Chiari |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Genetic Disorder: Chromosomal anomaly | <input type="checkbox"/> Stomach/GI/Bowel Problems |
| <input type="checkbox"/> Autism | <input type="checkbox"/> Headaches/Migraines | <input type="checkbox"/> Tracheostomy Dependent |
| <input type="checkbox"/> Bleeding Disorder | <input type="checkbox"/> Hearing Deficit | <input type="checkbox"/> Vision deficit |
| <input type="checkbox"/> Cancer/Tumor/Neoplasm | <input type="checkbox"/> Hydrocephalus: VP shunt | <input type="checkbox"/> Other Health Condition |

5 Documents

Step 5: Documents

- a. Each document listed must be selected (opens in a new browser tab or downloaded)
- b. Once they have been opened in a new browser tab or downloaded, the box around the document will be green
- c. When finished and all are green, click the Confirm and Continue button

Student

Contacts

Medical History

5 Documents

6 Authorizations

7 Final Data Confirmation

Confirm and Continue

Documents

Parent Portal - First Day Packet

Technology Use Agreement
*Required
Agreement allowing students to use electronic devices

Annual Notification
*Required
School districts are required to annually notify pupils, parents, and guardians of their rights and responsibilities, as well as about state and district policies.

Electronic permission
*Required
School are required to obtain permission to use student work and/or photos for school purposes.

AUTA PreK-8
*Required
This policy outlines the acceptable use of La Mesa-Spring Valley computer and network resources.

6 Authorizations

Step 6: Authorizations

- Make selections and click the **Save** button
- Then select the **Confirm and Continue** button

Please make your selections

Family Information ✓
Student ✓
Contacts ✓
Medical History ✓
Documents ✓
6 Authorizations
7 Final Data Confirmation

Confirm and Continue

Authorizations and Prohibitions	
Description	Status
<p>* ANNUAL NOTIFICATION Pursuant to Education Code section 48982, the parent/guardian shall check the box marked "Received" indicating that they have been informed of their rights but does not necessarily indicate that consent to participate in any particular program or activity has been given or withheld.</p>	<input type="checkbox"/> Received Electronically <input type="checkbox"/> Prefer Paper Copy
<p>* MR-Media Release The student may be interviewed, photographed, or filmed by members of the media.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>* PTA-Parent Teacher Association Directory Information may be released to Parent Teacher Association.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>* Release for Electronic Student Work/Photograph/Video Permission to use photos/video/student work for school broadcasts, presentations, school sponsored websites and social media sites, public display (without the student's name), or to distribute to classmates, including yearbooks.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>* Acceptable Use of Technology Agreement for Students I have read this Acceptable Use Agreement and have discussed it with my child. By signing this form, I give permission for my child to access the district's technology resources at school or at home.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>* Technology Use Agreement I have read and understand the rules stated in the agreement. I further understand that violation of this agreement may result in loss of privilege for use of the mobile device. My student will follow the rules outlined and any school rules or policies that may apply to the use of technology.</p>	<input type="checkbox"/> Agree To Take Home <input type="checkbox"/> Leave Device At School
<p>* Does your child have food allergies or health concerns?</p>	<input type="checkbox"/> Allow <input type="checkbox"/> Deny
<p>* Response Required</p>	
<p>Save</p>	

7 Final Data Confirmation

Step 7: Final Data Confirmation

Parent clicks on **Finish and Submit** button

Finish and Submit