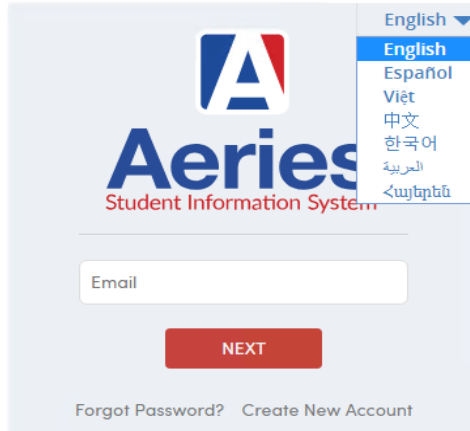


1. Aeries Parent Portal: Annual Data Confirmation Process – 8 Steps Using a Web Browser

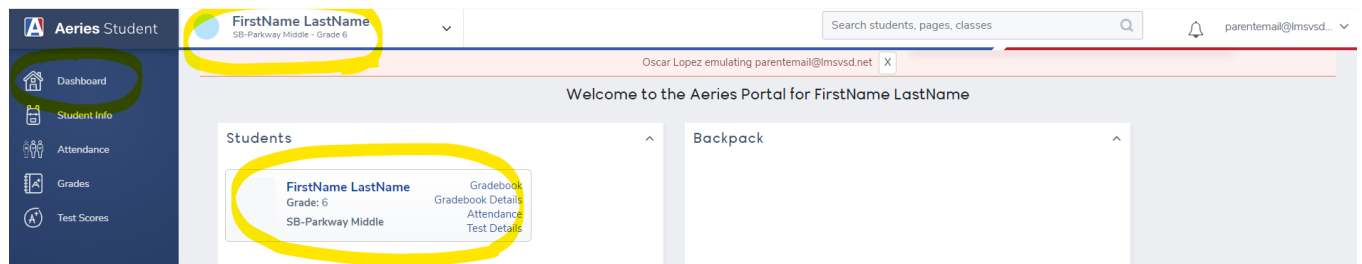
Parent Logs In

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



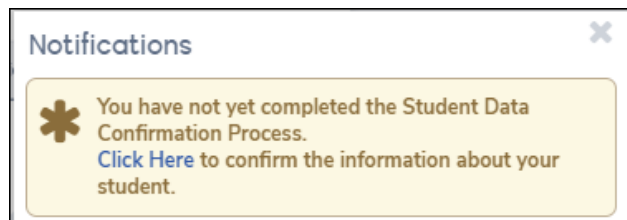
Parent chooses student

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

Confirm and Continue

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

	<p>① Family Information</p>	<p>Residence Survey Audit</p>
	<p>② Income</p>	<p>Income Eligibility Survey</p>
	<p>③ Student</p>	<p>Residence or Mailing Address Change request</p>
	<p>④ Contacts</p>	<p>Emergency Contacts Information Changes</p>
	<p>⑤ Medical History</p>	<p>Medical History - Report any medical needs of your student (if applicable)</p>
	<p>⑥ Documents</p>	<p>Four Annual Student Data Confirmation Documents</p> <ol style="list-style-type: none"> 1. Technology Use Agreement 2. Annual Notification 3. Electronic Permission 4. AUTA
	<p>⑦ Authorizations</p>	<p>Authorizations and Prohibitions</p>
	<p>⑧ Final Data Confirmation</p> <p>Confirm and Continue</p>	<p>Finish and Submit</p> <p>Finish and Submit</p>

Step 1: Family Information

1 Family Information

(Residence Survey)

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 one of the following options to complete the foster survey:

This student is not in foster care

This student is in foster care

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 Housing Questionnaire:

Staying in a shelter (family shelter, domestic violence shelter, youth shelter) or Federal Emergency Management Agency (FEMA) trailer.

Temporarily living in a motel or hotel due to loss of housing, economic hardship, natural disaster, or similar reason.

Sharing housing with other(s) due to loss of housing, economic hardship, natural disaster, lack of adequate housing, or similar reason.

Living in a car, park, campground, abandoned building, or other inadequate accommodations (i.e. lack of water, electricity, or heat).

Living in a single-home residence that is permanent.

Step 2. Income

2 Income

Household Income Survey

Please ensure that the data is accurate before submitting. You will **NOT** be able to edit this information once submitted.

Family Information

2 Income

3 Student

4 Contacts

5 Medical History

6 Documents

7 Authorizations

8 Final Data Confirmation

Confirm and Continue

How many people are in your household?

1 2 3 4 5 More

What is your total monthly household income?

\$3250 or less

\$3251 - \$4625

\$4626 or greater

Confirm

Please make sure this information is correct. Once it is submitted it will not be editable.

OK Cancel

Step 3: Student

3 Student

Mailing and Residence Address

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

Note: The School will contact you if any changes are made to this 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

Income

3 Student

4 Contacts

5 Medical History

6 Documents

7 Authorizations

8 Final Data Confirmation

Confirm and Continue

Here you can change your mailing or residence address.

Student Demographics		
Notes		
Mailing Address	4750 DATE AVE LA MESA CA 91942	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)	4750 DATE AVE LA MESA CA 91942	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

Step 4: Contacts

4 Contacts

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

- Family Information
- Income
- Student
- 4 Contacts**
- Documents
- Authorizations
- Final Data Confirmation

Confirm and Continue

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

ParentFN ParentLN
📍 4750 Date Ave, La Mesa CA 91942
✉ parentemail@email.com
☎ (619) 668-5700

🕒 Last Updated: 7/18/2023 10:12 AM

Step 5: Medical History

5 Medical History

Please provide a list of any medical conditions this student has by selecting a medical condition from the drop-down selection and click Add.

- Family Information
- Income
- Student
- Contacts
- 5 Medical History**
- Documents
- Authorizations
- 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
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"/> Kidney/Bladder Problems
<input type="checkbox"/> Allergy - food - mild - NO emergency medication (EpiPen) needed	<input type="checkbox"/> Celiac Disease	<input type="checkbox"/> Mental Health Diagnosis/Concern
<input type="checkbox"/> Allergy - food - severe - emergency medication (EpiPen) needed	<input type="checkbox"/> Cerebral Palsy	<input type="checkbox"/> Muscular Dystrophy
<input type="checkbox"/> Allergy - insect sting/bite - mild - NO emergency medication (EpiPen) needed	<input type="checkbox"/> Concussion/Head Injury	<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"/> Organ Transplant
<input type="checkbox"/> Allergy - medication - mild - NO emergency medication (EpiPen) needed	<input type="checkbox"/> Diabetes Mellitus Type 2	<input type="checkbox"/> Respiratory/Lung/Pulmonary Disease/Disorder
<input type="checkbox"/> Allergy - medication - severe - emergency medication (EpiPen) needed	<input type="checkbox"/> Dietary Restrictions/Accommodations	<input type="checkbox"/> Seizure Disorder
<input type="checkbox"/> Allergy - seasonal/environmental - mild - NO emergency medication (EpiPen) needed	<input type="checkbox"/> Down Syndrome	<input type="checkbox"/> Skin Disorder/Disease
<input type="checkbox"/> Allergy - seasonal/environmental - severe - emergency medication (EpiPen) needed	<input type="checkbox"/> Food Intolerance	<input type="checkbox"/> Spina Bifida/Arnold Chiari
<input type="checkbox"/> Allergy - other - mild - NO emergency medication (EpiPen) needed	<input type="checkbox"/> Genetic Disorder: Chromosomal anomaly	<input type="checkbox"/> Stomach/GI/Bowel Problems
<input type="checkbox"/> Allergy - other - severe - emergency medication (EpiPen) needed	<input type="checkbox"/> Headaches/Migraines	<input type="checkbox"/> Tracheostomy Dependent
<input type="checkbox"/> Asthma	<input type="checkbox"/> Hearing Deficit	<input type="checkbox"/> Vision deficit
<input type="checkbox"/> Bleeding Disorder	<input type="checkbox"/> Hydrocephalus: VP shunt	<input type="checkbox"/> Other Health Condition

Save

Step 6: Documents

6 Documents

Each document listed must be selected (opens in a new browser tab or downloaded)
Once completed the box around the document will be green. Once all are green, click the 'Confirm and Continue' button

Please review the following annual documents.

Documents

Parent Portal - First Day Packet

Family Information

Income

Student

Contacts

Medical History

6 Documents

7 Authorizations

8 Final Data Confirmation

Technology Device Agreement
*Required
Agreement with students and families regarding use of district 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.

Notifications and Permissions
*Required
School are required to provide notifications and obtain permissions for directory release and 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.

Step 7: Authorizations

7 Authorizations

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

Family Information

Income

Student

Contacts

Medical History

Documents

7 Authorizations

8 Final Data Confirmation

Please make your selections

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 Do you grant permission for your child's name to be included with photos and videos published on school/district content platforms, such as the school website, social media pages, district promotional materials, etc?</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 above. I further understand that violation of this Agreement may result in loss of privilege for use of the District device. My child will follow the rules outlined above and any school rules or policies that may apply to the use of the devices. I give my permission for my child to check out the District device.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>* Does your child have food allergies or health concerns?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>* Response Required</p> <div style="border: 1px solid #ccc; height: 20px; width: 100%;"></div>	

Step 8: Final Data Confirmation

Parent clicks on **Finish and Submit** button

8 Final Data Confirmation

By selecting "Finish and Submit", you acknowledge that you have reviewed and completed the selections to the best of your knowledge.