

## Student Data Confirmation Process

To update your student information, login to the Aeries Parent Portal or if you have just created your account, you will already be logged in. When the school needs your info updated within a specific time frame, a banner will display prompting you to [Click Here](#) to confirm your information.

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

If you have a change to your student's info outside this time frame, go to **Student Info** → **Data Confirmation**.

The left navigation tracks your progress.

On each screen, review and update your information. Select **Confirm and Continue** to save any changes and advance to the next screen.

Please review and update all information by 8/28/2016.

- 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. 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.

\*\*\*Note: If all information on a screen is accurate, select **Confirm and Continue**.

**Contacts** - select each existing contact and review/update.

Please review all information by updating, adding or removing contacts. All contacts will be listed as emergency contacts on the student's emergency card.

In addition to the primary contact info, our school notification system uses these contacts: Mother's cell, Father's cell, Step-Mother's cell, Step-Father's cell, Foster Mother's Cell, Foster Father's cell and Legal Guardian.

Please include after school care provider.

If you update your contact information in the future, please print, sign, and return a new emergency card to the school with your student.

Select Record to Change

Name	Address	Relation
[Redacted]	Moore	Mother
[Redacted]	re	Father

Select **Add** to create an additional emergency contact and fill out the form shown below.

Contact Details

Name: [Text Field]

Relationship to student: [Dropdown]

Cell phone number: [Text Field]

Email Address: [Text Field]

Notes: This field is used to address mailings from the school if applicable.

## Medical History

Check **Medical Conditions** that apply. Today's date will be added when a new condition is selected. Update Current Medical Conditions and Save. Add Additional Conditions and Save.

Please review and update all information.

Condition	Effective Date	Age	Grade	Medical History and Current	Medical Conditions
Asthma	08/12/2016	11	6	Asthma is treated with inhaler used at home.	No Longer Applies

Save

Additional Conditions  
Please Check All That Apply

<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> Bee Sting Allergy-carries Epi-pen	<input type="checkbox"/> Hearing Loss/Tubes/Other
<input type="checkbox"/> Allergies-Medications/Latex/Other	<input type="checkbox"/> Bee Sting Allergy-(not life threatening)	<input type="checkbox"/> Fainting spells/Vertigo
<input type="checkbox"/> Allergies-Severe Life-threatening-carries Epi-pen	<input type="checkbox"/> Cardiac Disorder/Other	<input type="checkbox"/> Physician's Note/PE Excuse
<input type="checkbox"/> Allergies-food/environmental (not life threatening)	<input type="checkbox"/> Diabetes Mellitus - insulin dependent	<input type="checkbox"/> Seizure Disorder
<input type="checkbox"/> Asthma-carries inhaler	<input type="checkbox"/> Diabetes Mellitus - non-insulin dependent	<input checked="" type="checkbox"/> Visual Conditions - Glasses/Contacts/Diseases

Effective Date: 08/12/2016

Age: 0

Grade: 0

Comment: Wears glasses for reading.

Save

Click here if condition no longer applies.

## Documents

Click on each document in the list. Once reviewed, select the checkbox. You will not be able to proceed without reviewing and checking all boxes. Have your student bring any signed documents to the school.

Please click each link below to view the document and then check the box to confirm.

Review document	Documents
<a href="#">Internet Use Agreement 16-17.pdf</a>	<input checked="" type="checkbox"/> Please review this document.
<a href="#">Annual Parent Notice Pkg 2016-17 English.pdf</a>	<input checked="" type="checkbox"/> Please review this document.
<a href="#">Annual Parent Notice 2016-17Spanish.pdf</a>	<input checked="" type="checkbox"/> Please review this document.
<a href="#">Library Use Agreement 16-17.pdf</a>	<input checked="" type="checkbox"/> Please review this document.
<a href="#">Student Accident Insurance Brochure.pdf</a>	<input checked="" type="checkbox"/> Please review this document.
<a href="#">Student Accident Insurance Brochure spanish.pdf</a>	<input checked="" type="checkbox"/> Please review this document.
<a href="#">Student Accident Insurance 16-17.pdf</a>	<input checked="" type="checkbox"/> Please review this document.
Please print, sign, and return.	
<a href="#">Parent and Student Signature page, 2016-17.pdf</a>	<input type="checkbox"/> Please print, sign, and return.
<a href="#">Breen Handbook Signature Page 2016-17.pdf</a>	<input checked="" type="checkbox"/> Please print, sign, and return.
Please save a copy for your records.	
<a href="#">School Calendar 2016-17.pdf</a>	<input checked="" type="checkbox"/> Please save a copy for your records.

## Authorizations

Make your selections and Save. Confirm and Continue.

Authorizations and Prohibitions	Status
<b>Photo Use in District Brochures, Press Releases, &amp; Websites</b> May we use your student's photo in school or district brochures and press releases?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Name Use in District Brochures, Press Releases, &amp; Websites</b> May we use your student's name in school or district brochures and press releases?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Allow Student to be physically released to all contacts</b> Do you authorize your student to be released to all contacts? If no, please see your school office staff.	<input type="checkbox"/> Allow <input type="checkbox"/> Deny

Save

## Final Data Confirmation

Select **Finish and Submit** to complete the Student Information Process.

PLEASE CONFIRM THAT THE INFORMATION ON THE PREVIOUS TABS IS CORRECT

Thank you for using the Student Information Update process for Breen Elementary School. We look forward to seeing you soon. Please send all signed copies of required forms with your student. Click the Finish and Submit button to review your child's emergency card. Print, sign and return with the other forms.

Select [Print New Emergency Card](#) , **View Report**. Your student's emergency card will display, **Print, Sign and send with your student to the school.**