

South Monterey County Joint Union High School District Aeries AIR – Student Enrollment

Creating the Online Student Enrollment Account

1. Login to <https://aeriesnet.smcjuhsd.org/registration>
And click on “Enroll a New Student”

Welcome to Aeries Online Enrollment

South Monterey County JUHSD

Aeries Internet Registration allows you to quickly start the process of registering a student for school. Information about the student such as emergency contacts, medical and language information will be collected. Upon completion, the student's information is electronically sent to the school.

To get started registering a new student click the register a new student button.

For new students to the district only!

Use the parent portal to re-register! <https://aeriesnet.smcjuhsd.org/parentportal>

If you would like to reprint or review students previously registered click the Login button.

Language

English Español

Login

Enroll A New Student

2. The **Year Selection** screen will display. Select the year to enroll for and then click on **Next**.

Year Selection

Please select a year to enroll for

2018 - 2019, Current School Year

Next

3. The **Required Information** screen will display. After reviewing the information, click on **Next**.

Required Information

To enroll a new student, you will be required to provide various information. Please make sure you have this information available before continuing. If you do not have this information available, please return when you do.

After enrolling a new student, you will have the option to re-use certain information for enrolling additional students.


Required information:

- A valid address within school district boundaries
- Local physician name and phone number


Next

4. Enter the e-mail address and password you would like to create the account with. Click on **Create Account**, a **Terms of Service** screen will display.

Login

 If you have previously used this website to enroll a student for this district, you may login as an existing user. If this is your first time here, Please provide your email address and a password to create a new account.

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p style="text-align: center;">Existing user</p> <p>Email address <input type="text"/></p> <p>Password <input type="password"/></p> <p style="text-align: center;">Login</p> <p>Forgot Password</p> | <p style="text-align: center;">Create new account</p> <p>Your Name <input type="text"/></p> <p>Email address <input type="text"/></p> <p>Password <input type="password"/></p> <p>Re-type Password <input type="password"/></p> <p style="text-align: center;">Create account</p> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|



5. After the terms are read, click "**I agree**", and **Next**.

Terms of Service



Please review the Terms of Use and click "I agree" to continue.

The "school site" and/or the district office and/or authorized employees retain the right to revoke access to the parent portal and/or AIR for any inappropriate use of parent portal and/or AIR without notice to the user. An account does not guarantee access to this website or any other websites managed by SMCJUHSD. An account does not guarantee enrollment in school, a confirmation print out of online registration is not proof of enrollment in a school.

As a user of this system, I agree that the information I am providing is true and correct to the best of my knowledge. If any information changes I will notify the school as soon as possible.

I agree

Next




6. Enter the **Student's Name**, **Birthdate** and **Grade** level your student is enrolling for. Click **Next**.

Student's Name

| | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Student's legal first name <input type="text"/></p> <p><i>Please enter the student's first name</i></p> <p>Student's legal middle name <input type="text"/></p> <p>Student's suffix <input type="text" value="-"/></p> <p>Student's Birthdate</p> <p>Month <input type="text" value="▼"/> Day <input type="text" value="▼"/> Year <input type="text" value="▼"/> <i>Please enter a valid date</i></p> | <p>Student's nick name (optional) <input type="text"/></p> <p>Student's legal last name <input type="text"/></p> <p><i>Please enter the student's last name</i></p> <p>Please select a grade level or program to enroll this student in</p> <p>Ninth Grade <input type="text" value="▼"/></p> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Next



7. Enter the Student Address Information and click **Next**.

Student Address

Resident Address

Street Address

Please enter a valid address

Unit or Apartment Number


City

Please enter a city

Student's Home ZIP Code
- Please enter a zipcode

State Student lives in
California ▼

Use residence address above as mailing address?
 Yes
 No, use a different address for mail




8. Choose the School you would like to enroll your student in, and click **Next**.

Select School


Please select the school you are enrolling for

Select School: ▼ Please select a school to enroll at

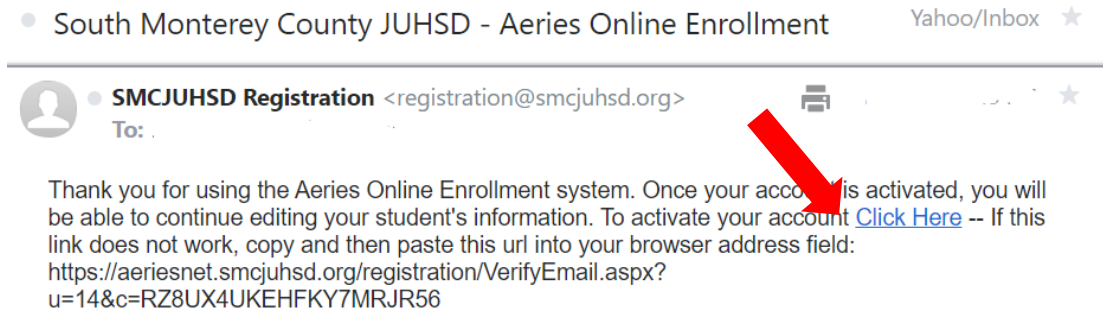


9. You will receive the following notification that your account has been created. Check your e-mail for the verification link.

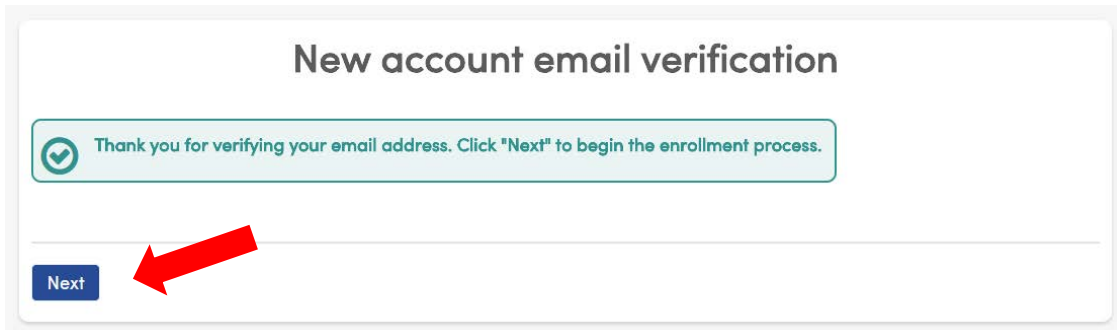
Account Created

 **Your account has been created but needs to be verified. Please check your email and follow the instructions to finish enrollment.**
If you do not receive the email, please check your spam or junk mail folder.

10. Login to your e-mail to verify the account. Click on the link.



11. Once you have clicked the link to verify your account, you should see the message below. Click on **Next**.



12. Click **Next** which will take you back to the General Student Information page. Fill out the student's information and click **Next**.

General Student Information

Student's gender: Choose a gender (Please select a gender)

Student's home phone number: (Please provide a phone number, Please provide a valid phone number)

Student's mobile phone number: (Please provide a valid phone number)

Student's email address: (Please provide STUDENT email only. Parent emails will be collected in another step.)

Country the student was born in: Select Country (Please select a country)

State the student was born in: Not needed for the country selected

City the student was born in: (Please enter the city the student was born in)

The following two questions are required by federal law

Is this student Hispanic or Latino?
 No, not Hispanic or Latino
 Yes, Hispanic or Latino

What is the race of this student? You may select up to five.

| | |
|------------------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> Asian Indian |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Cambodian |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Filipino |
| <input type="checkbox"/> Guamanian | <input type="checkbox"/> Hawaiian |
| <input type="checkbox"/> Hmong | <input type="checkbox"/> Intentionally Left Blank |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> Korean |
| <input type="checkbox"/> Laotian | <input type="checkbox"/> Other Asian |
| <input type="checkbox"/> Other Pacific Islander | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Tahitian | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> White | |

Please select at least one race

What is the highest parent education level? Select Education Level (Please select a parent education level)

Save and Return

13. Language Information. Answer the four questions and click Next.

Language Information ▼


i The California Education Code requires schools to determine the language or languages spoken at home by each student. Please answer the following questions by selecting the appropriate language.

Which language did your child learn when he/she first began to talk?
 ▼
Please select a language

Which language does your child most frequently speak at home?
 ▼
Please select a language

Which language do you (the parents or guardians) most frequently use when speaking with your child?
 ▼
Please select a language

Which language is most often spoken by adults in the home? (parents, guardians, grandparents, or any other adults)
 ▼
Please select a language




14. Resident Parent Information. Fill out all necessary fields and click **Next**.

Resident Parent Information


i Please provide information about parents/guardians who live with the student. Information about parents/guardians who do not live with the student will be collected in the next step.


Parent/Guardian #1

| | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>First Name <input type="text"/> Please provide a name</p> | <p>Last Name <input type="text"/> Please provide a name</p> |
| <p>Relationship to student <input type="text" value="Select Relationship"/> ▼ Please select a relationship</p> | <p>Allow Access to Portal ? <input type="text" value="Choose an option"/> ▼ Please select an option</p> |
| <p>Email address <input type="text"/></p> | <p>Does this parent/guardian live with the student? <input type="text" value="Choose an option"/> ▼ Please select an option</p> |
| <p>Mailing Name <input type="text"/></p> | |
| <p>* Mail will be sent to the student's home address, however a second copy of mail can be sent to an additional address.</p> | |
| <p>Should a second copy of mail be sent to this contact? <input type="text" value="No"/> ▼</p> | <p>Address <input type="text"/></p> |
| <p>City <input type="text"/></p> | <p>State <input type="text" value="Select State"/> ▼</p> |
| <p>ZIP Code <input type="text"/></p> | <p>Primary phone number <input type="text"/> If providing information, please provide a phone number</p> |





15. Restrained Individual. If you answer "Yes" additional information will be required. After all information is complete, click "**Next**"

Restrained Individual 


 Please provide as much information about the restrained person as possible.

Is there an individual who is restrained from contact with this student by court decree?

No, there is not an individual restrained by court decree
 Yes, an individual is restrained by court decree



Previous 

16. Local Physician Information. Please fill out required Information and click **Next**. If you don't have a specific physician, for first and last name use **N/A**.

Local Physician Information 

Please provide as much information about the student's local physician as possible. If you are new to the area and do not have a physician for the student you may want to ask a next door neighbor for the name of a physician, or enter a nearby hospital or clinic.

| | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|
| First Name <input type="text"/> Please enter the first name | Last Name <input type="text"/> Please enter the last name |
| Name of medical facility <input type="text"/> Please provide the medical facility name | Medical facility address <input type="text"/> |
| Primary phone <input type="text"/> Please provide a phone number | Cell phone <input type="text"/> |
| Work phone <input type="text"/> | Extension <input type="text"/> |
| Alternate phone <input type="text"/> | |

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17. Emergency Contacts. Add contact information and click **Next**.

Emergency Contacts

Please provide up to four emergency contacts other than the parent/guardian entered on the previous screens.

Emergency Contact #1

First Name Last Name
Please provide a name Please provide a name

Relationship to student
Select Relationship
Please select a relationship

Should a second copy of mail be sent to this contact?
No

Mailing Name

Address

City State
Select State

ZIP Code Primary phone number
Please provide a phone number

Cell phone number Work phone number

Extension Alternate phone number

Employer

Employer Address

18. Health Survey. If adding any medical conditions, click on **Add** before clicking **Next**.

Health Survey

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.

Add A Medical Condition

Medical Condition
Select medical condition

Comments
Enter any comments or notes regarding this condition here.

19. Other District Enrollments. If your student has attended a school in the United States, you will be asked to enter additional information. After completing the section, click **Next**.


Other District Enrollments

Has this student previously attended a school in the United States?

No, this student has not attended a school in the United States.

Yes, this student has attended a school in the United States.

Previous Next




20. Authorizations. Answer each question with a **Yes** or **No** and click **Next**.

Authorizations

Please answer each question.

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>In the event of an emergency, I request that all medical information be given to teachers and other district personnel.</p> <p>Choose an option</p> <p>Please select an option</p> | <p>The school may disclose my child's name, address and or telephone number to Colleges and other higher education institution recruiters without my prior consent</p> <p>Choose an option</p> <p>Please select an option</p> |
| <p>I authorize my child to use the internet, in accordance to the Technology Acceptable Use Agreement</p> <p>Choose an option</p> <p>Please select an option</p> | <p>The school may disclose my child's name, address and or telephone number to United States military recruiters without my prior consent</p> <p>Choose an option</p> <p>Please select an option</p> |
| <p>The school District may use my child's name, image or comments for news media, including newspapers, radio and television</p> <p>Choose an option</p> <p>Please select an option</p> | <p>The school District may use my child's name, image or comments for the district and/or school website</p> <p>Choose an option</p> <p>Please select an option</p> |
| | <p>I authorize my child to participate in sexual education or HIV/AIDS prevention education</p> <p>Choose an option</p> <p>Please select an option</p> |

Previous Next



21. By clicking on each document, you are agreeing to have read the document. After opening each file, the section will turn green. Once all document sections are green, click **Next**.

Documents

a. You may apply for free or reduce lunch by completing the entire application. Make sure you sign the application b. Alternatively, simple put students name and write declined if you do not want to apply free or reduce lunch. Do not complete anything else and do not sign if you are declining Todos los estudiantes deben de entregar la aplicacion aunque no calificquen. Si no califica, escriba el nombre del estudiante y escriba RENUNCIO junto al nombre.

Annual Parent/Guardian Notification-Notificacion Anual Para Padre/Tutor 2017-2018 *Required I have read the document

Anti-Bullying Pledge-Compromiso Contra el Abuso-Intimidacion Entre Compañeros 2017-2018 *Required I have read the document

Please download all required documents.

Previous Next


22. Supplemental Questions. We do not have supplemental questions, click **Next**.

Supplemental Questions

Previous Next

23. Confirm. Review and update any information as necessary. Click on **Finish and Submit**. You may print a copy for your records. You have completed your student's registration.

Confirm ▼

 Below is a summary of information collected for this student enrollment. Click the edit button on any section that needs a correction. If everything appears correct, click the Finish and Submit below to finalize this enrollment. A printer friendly page will be provided for your records.

Assigned School:
Greenfield High School
(831) 674-2751
225 S. El Camino Real
Greenfield 93927

 District logo

Enrollment ID 16


Enrollment Information (changes can only be made at the school)

| | |
|--------------------------|---------------------|
| Enrollment completed by | Enrollment Year |
| Student's First Name | Student's Nick Name |
| Student's Middle Name | Student's Last Name |
| Student's Suffix | Student's Birthday |
| Grade | Street |
| Unit or Apartment Number | City |
| Zipcode | State |

Assigned school
Greenfield High School (831) 674-2751 225 S. El Camino Real
Greenfield 93927

General Student Information

| | |
|--------|------------|
| Gender | Home phone |
|--------|------------|

 If the information above is correct, click Finish and Submit. After clicking this no further changes can be made online.

 [Finish and Submit](#)

The school will get in contact with you to bring the following documents:

1. Proof of Residency
2. Proof of Immunization
3. Birth certificate
4. Parent ID