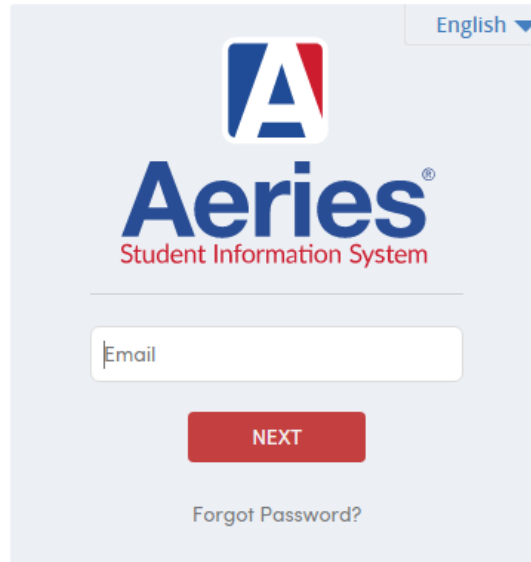


# Aeries Parent Portal – Data Confirmation

To access the Beverly Hills Unified School District Parent Portal – click on the link below.

<https://beverlyhillsusd.asp.aeries.net/Student/>

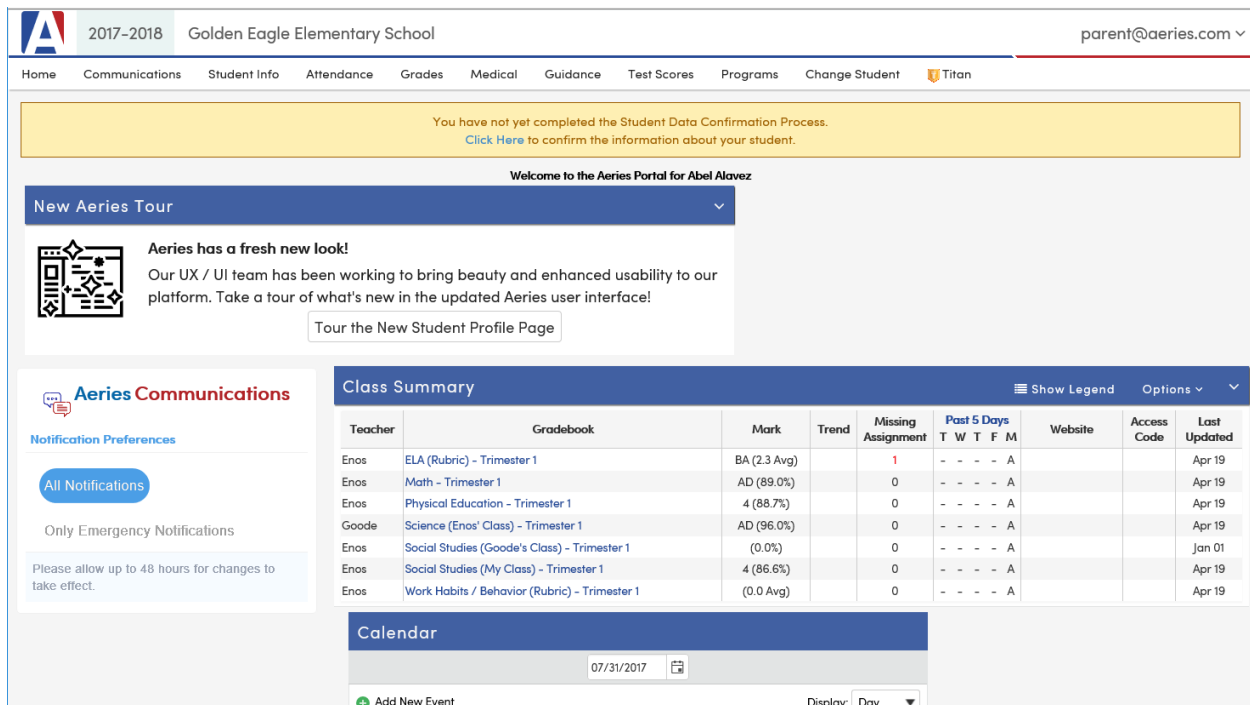
## Beverly Hills Unified School District



The image shows the Aeries Student Information System login page. At the top right, there is a language dropdown menu set to "English". In the center, the Aeries logo is displayed above the text "Student Information System". Below this is a white input field labeled "Email". Underneath the input field is a red button with the text "NEXT". At the bottom of the page, there is a link that says "Forgot Password?".

If you forgot or do not know your password, click on “**Forgot Password?**” link.

To confirm your student’s information, please use the link **Click Here** in the yellow highlighted area

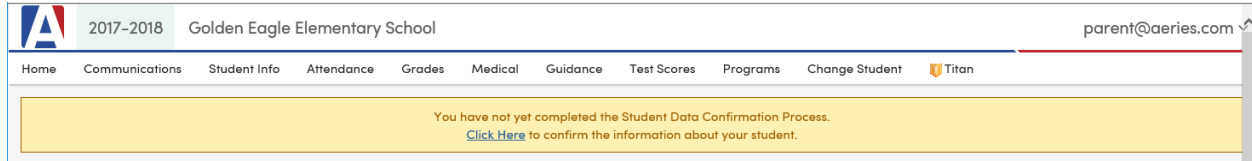


The screenshot shows the Aeries Parent Portal interface for Golden Eagle Elementary School. The top navigation bar includes links for Home, Communications, Student Info, Attendance, Grades, Medical, Guidance, Test Scores, Programs, Change Student, and Titan. A yellow banner at the top of the main content area states: "You have not yet completed the Student Data Confirmation Process. Click Here to confirm the information about your student." Below this is a "New Aeries Tour" section with a "Tour the New Student Profile Page" button. The main content area is divided into two sections: "Aeries Communications" with notification preferences and "Class Summary".

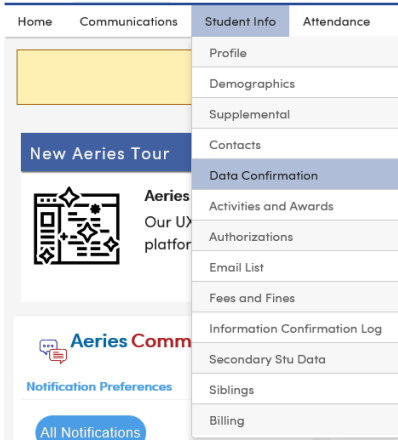
Teacher	Gradebook	Mark	Trend	Missing Assignment	Past 5 Days					Website	Access Code	Last Updated
					T	W	T	F	M			
Enos	ELA (Rubric) - Trimester 1	BA (2.3 Avg)		1	-	-	-	-	A			Apr 19
Enos	Math - Trimester 1	AD (89.0%)		0	-	-	-	-	A			Apr 19
Enos	Physical Education - Trimester 1	4 (88.7%)		0	-	-	-	-	A			Apr 19
Goode	Science (Enos' Class) - Trimester 1	AD (96.0%)		0	-	-	-	-	A			Apr 19
Enos	Social Studies (Goode's Class) - Trimester 1	(0.0%)		0	-	-	-	-	A			Jan 01
Enos	Social Studies (My Class) - Trimester 1	4 (86.6%)		0	-	-	-	-	A			Apr 19
Enos	Work Habits / Behavior (Rubric) - Trimester 1	(0.0 Avg)		0	-	-	-	-	A			Apr 19

Below the Class Summary table is a "Calendar" section with a date selector set to 07/31/2017 and a "Display: Day" dropdown menu.

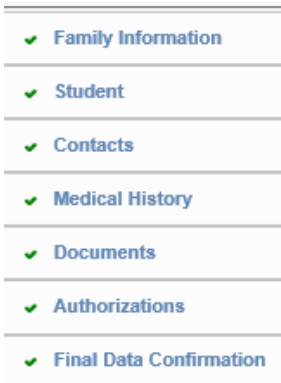
# Aeries Parent Portal – Data Confirmation



Or you can use the **Student Info – Data Confirmation** on the main navigation menu



You will now go through each of the screens below until you have completed the process.



# Aeries Parent Portal – Data Confirmation

## Military and Housing Types questions

✓ Family Information	<b>Last Confirmed: 7/20/2017 2:19:04 PM</b>
✓ Student	<b>Please select whether or not at least one parent/guardian of this student is active in the United States Armed Forces:</b>
✓ Contacts	<input type="checkbox"/> Yes, at least one parent/guardian of this student is active in the United States Armed Forces.
✓ Medical History	<input checked="" type="checkbox"/> No, this student does not have a parent/guardian who is active in the United States Armed Forces.
✓ Documents	
✓ Authorizations	<b>Please select one of the following options to complete the Federally Mandated by NCLB residence survey:</b>
✓ Final Data Confirmation	<input type="checkbox"/> <b>Temporary Shelters</b> 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.
	<input type="checkbox"/> <b>Hotels/Motels</b> A temporary residence for homeless individuals usually requiring payment or vouchers for lodging and services on a daily, weekly, or monthly basis.
	<input type="checkbox"/> <b>Temporarily Doubled Up</b> 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.
	<input type="checkbox"/> <b>Temporarily Unsheltered</b> 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.
	<input checked="" type="checkbox"/> <b>Permanent Residence</b> In a single family permanent residence (house, apartment, condo, mobile home)

# Aeries Parent Portal – Data Confirmation

<ul style="list-style-type: none"> <li>✓ Family Information</li> <li>✓ Student</li> <li><b>3 Contacts</b></li> <li>4 Medical History</li> <li>5 Documents</li> <li>6 Authorizations</li> <li>7 Final Data Confirmation</li> </ul>	<p><b>Select Record to Change</b></p> <table border="1"> <thead> <tr> <th>Name</th> <th>Address</th> <th>Relation</th> </tr> </thead> <tbody> <tr> <td>Robert Alavez</td> <td>5535 Morningstar Ln</td> <td></td> </tr> </tbody> </table> <p> <input type="button" value="Change"/> <input type="button" value="Add"/> <input type="button" value="Delete"/> </p> <table border="1"> <thead> <tr> <th colspan="2">Contact Details</th> <th>Notes</th> </tr> </thead> <tbody> <tr> <td>Name</td> <td>Robert Alavez</td> <td>This field is used to address mailings from the school if applicable.</td> </tr> <tr> <td>Name Prefix</td> <td></td> <td></td> </tr> <tr> <td>First Name</td> <td></td> <td></td> </tr> <tr> <td>Middle Name</td> <td></td> <td></td> </tr> <tr> <td>Last Name</td> <td></td> <td></td> </tr> <tr> <td>Name Suffix</td> <td></td> <td></td> </tr> <tr> <td>Address</td> <td>5535 Morningstar Ln Eagle Point CA 99998</td> <td></td> </tr> <tr> <td>Address Type</td> <td></td> <td></td> </tr> <tr> <td>Relationship to student</td> <td></td> <td></td> </tr> <tr> <td>Lives With Student?</td> <td></td> <td></td> </tr> <tr> <td>Code</td> <td></td> <td></td> </tr> <tr> <td>Mail Tag</td> <td>Copy of All Mail</td> <td>Should this contact receive an additional copy of mail? You can not flag a contact to receive additional mail unless the contact has an address that is different than the student's.</td> </tr> <tr> <td>Telephone Number</td> <td>(777) 555-5111</td> <td></td> </tr> <tr> <td>Work Phone Number</td> <td>(777) 555-1115 Ext 205</td> <td></td> </tr> <tr> <td>Cell phone number</td> <td>(777) 555-1515</td> <td></td> </tr> <tr> <td>Pager</td> <td>(777) 555-4321</td> <td></td> </tr> <tr> <td>Email Address</td> <td>parent@aeries.com</td> <td>Email Address is Locked</td> </tr> </tbody> </table>	Name	Address	Relation	Robert Alavez	5535 Morningstar Ln		Contact Details		Notes	Name	Robert Alavez	This field is used to address mailings from the school if applicable.	Name Prefix			First Name			Middle Name			Last Name			Name Suffix			Address	5535 Morningstar Ln Eagle Point CA 99998		Address Type			Relationship to student			Lives With Student?			Code			Mail Tag	Copy of All Mail	Should this contact receive an additional copy of mail? You can not flag a contact to receive additional mail unless the contact has an address that is different than the student's.	Telephone Number	(777) 555-5111		Work Phone Number	(777) 555-1115 Ext 205		Cell phone number	(777) 555-1515		Pager	(777) 555-4321		Email Address	parent@aeries.com	Email Address is Locked
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You can add, update, and delete contacts including emergency contacts and other family members.

<ul style="list-style-type: none"> <li>✓ Family Information</li> <li>✓ Student</li> <li>✓ Contacts</li> <li><b>4 Medical History</b></li> <li>5 Documents</li> <li>6 Authorizations</li> <li>7 Final Data Confirmation</li> </ul>	<p><b>Medical History and Current Medical Conditions</b></p> <table border="1"> <thead> <tr> <th>Condition</th> <th>Effective Date</th> <th>Age</th> <th>Grade</th> <th>Comment</th> </tr> </thead> <tbody> <tr> <td>severe headaches or migraines</td> <td>10/02/2017</td> <td>0</td> <td>0</td> <td></td> </tr> </tbody> </table> <p style="text-align: right;"><input type="button" value="No Longer Applies"/></p> <p style="text-align: center;"><input type="button" value="Save"/></p> <p><b>Additional Conditions</b> Please Check All That Apply</p> <table border="0"> <tr> <td><input type="checkbox"/> overheats easily or running problem</td> <td><input type="checkbox"/> wears glasses for reading</td> <td><input type="checkbox"/> grass/pollen allergies, takes med.</td> </tr> <tr> <td><input type="checkbox"/> frequent nose bleeds</td> <td><input type="checkbox"/> wears glasses for distance</td> <td><input type="checkbox"/> moderate bee sting allergy</td> </tr> <tr> <td><input type="checkbox"/> mild skin problem</td> <td><input type="checkbox"/> wears contacts</td> <td><input type="checkbox"/> bee sting allergy Rx Benadryl</td> </tr> <tr> <td><input type="checkbox"/> sit in front to help focus</td> <td><input type="checkbox"/> failed color vision screening</td> <td><input type="checkbox"/> animal hair allergies</td> </tr> <tr> <td><input type="checkbox"/> sit in front to help see board</td> <td><input type="checkbox"/> hearing loss Right ear, sit R side</td> <td><input type="checkbox"/> dust, mold allergies</td> </tr> <tr> <td><input type="checkbox"/> sit in front to help hear</td> <td><input type="checkbox"/> hearing loss Left ear, sit L side</td> <td><input type="checkbox"/> mild, occ. asthma, bronchitis</td> </tr> <tr> <td><input type="checkbox"/> sit in front - preference</td> <td><input type="checkbox"/> hearing loss both ears, sit front</td> <td><input type="checkbox"/> occ. inhaler use for breathing</td> </tr> <tr> <td><input type="checkbox"/> sit in front - Dr/Nurse request</td> <td><input type="checkbox"/> tubes in ears, intermittent loss</td> <td><input type="checkbox"/> mild food allergy</td> </tr> <tr> <td><input type="checkbox"/> wears glasses all the time</td> <td><input type="checkbox"/> mild grass/pollen allergies</td> <td><input type="checkbox"/> has medication/inhaler at school</td> </tr> </table> <p style="text-align: center;"><input type="button" value="Save"/></p>	Condition	Effective Date	Age	Grade	Comment	severe headaches or migraines	10/02/2017	0	0		<input type="checkbox"/> overheats easily or running problem	<input type="checkbox"/> wears glasses for reading	<input type="checkbox"/> grass/pollen allergies, takes med.	<input type="checkbox"/> frequent nose bleeds	<input type="checkbox"/> wears glasses for distance	<input type="checkbox"/> moderate bee sting allergy	<input type="checkbox"/> mild skin problem	<input type="checkbox"/> wears contacts	<input type="checkbox"/> bee sting allergy Rx Benadryl	<input type="checkbox"/> sit in front to help focus	<input type="checkbox"/> failed color vision screening	<input type="checkbox"/> animal hair allergies	<input type="checkbox"/> sit in front to help see board	<input type="checkbox"/> hearing loss Right ear, sit R side	<input type="checkbox"/> dust, mold allergies	<input type="checkbox"/> sit in front to help hear	<input type="checkbox"/> hearing loss Left ear, sit L side	<input type="checkbox"/> mild, occ. asthma, bronchitis	<input type="checkbox"/> sit in front - preference	<input type="checkbox"/> hearing loss both ears, sit front	<input type="checkbox"/> occ. inhaler use for breathing	<input type="checkbox"/> sit in front - Dr/Nurse request	<input type="checkbox"/> tubes in ears, intermittent loss	<input type="checkbox"/> mild food allergy	<input type="checkbox"/> wears glasses all the time	<input type="checkbox"/> mild grass/pollen allergies	<input type="checkbox"/> has medication/inhaler at school
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Medical History and Current Medical Conditions can be added here. Click the Save button

# Aeries Parent Portal – Data Confirmation

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

[Confirm and Continue](#)

You cannot continue with the confirmation process until you read and confirm all of the documents listed on this tab. For each document, you must click the check box to confirm. Please download and/or print a copy for your records.

**Handbooks**

**⚠ Mandatory – Returning Student Annual Acknowledgements Form – PK-8** \*Required

To complete the annual data confirmation and acknowledgement process, your K-8 student must bring this form and the Parent Portal Print Out (Emergency Card) to their teacher on the first day of school.

Click to Accept & Please Complete, Print and Return to School

**Medical Documents**

**⚠ Optional – Bee Sting Allergy Action Plan**

**⚠ Optional – Diabetes Management**

Click on the **Mandatory** document. Please print and complete the form. Click on **Confirm and Continue**.

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

[Confirm and Continue](#)

Aeries Data Confirmation performs best when using the following browsers: Chrome, Firefox, Edge, and Internet Explorer.

Please review all the authorizations below and mark the two required statements. Pursuant to Education Code 48982, the parent/guardian shall indicate to the school that they have been informed of their rights, however such acknowledgment by the parent or guardian indicates that he or she has been informed of his or her rights but does not necessarily indicate that consent to participate in any particular program or activity has been given or withheld. Click the Save button located at the bottom.

Authorizations and Prohibitions	Status
Description	
<p><b>* Student Handbook</b> I have reviewed with my student the BHUSD Parent/Guardian and Student Rights and Responsibility Handbook.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>* Consent to Medical Examination</b> Beverly Hills Unified School District may require physical examinations of students enrolled in District programs or activities. Any physical examination required by the District shall be kept confidential. A parent or guardian having control or charge of any child enrolled in public schools may file annually with the principal of the school in which s/he is enrolled a statement in writing, signed by the parent or guardian, stating that s/he will not consent to a physical examination of the child. If you do not want your child to undergo a physical exam for District programs or activities, please check "No".</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>Student Directory Information – General</b> If you do not want your student's directory information released to any individual or organization, please check "No".</p>	<input type="checkbox"/> No
<p><b>Student Directory Information – BHEF</b> If you do not want your student's directory information released to the Beverly Hills Education Foundation, please check "No".</p>	<input type="checkbox"/> No
<p><b>Student Directory Information – PTA</b> If you do not want your student's directory information released to the PTA please, check "No".</p>	<input type="checkbox"/> No
<p><b>Student Directory Information – DPH</b> If you do not want your student's directory information released to the Department of Public Health, please check "No".</p>	<input type="checkbox"/> No
<p><b>Student Directory Information – Elected Officials</b> If you do not want your student's directory information released to Elected Officials, please check "No".</p>	<input type="checkbox"/> No
<p><b>* Responsible Use of Technology</b> I have reviewed and accept the terms of the Responsible Use of Technology Policy form (a.k.a. Responsible Use of Technology, RUP) with my Child. (Note: by selecting "Yes", your child will have access to technology resources at school.)</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>* Technology Device Take Home Program</b> I agree to allow my student to take home district-owned device. Parents and guardians are responsible for any damage, loss, or theft that is beyond normal wear-and-tear or manufacturer defect. An insurance option is available to parents for purchase. Insurance information will be distributed to parents a week before school begins.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

\* Response Required

[Save](#)


# Aeries Parent Portal – Data Confirmation

Please check the appropriate boxes. Some are mandatory. Click the **Save** button at the bottom. On the left navigation menu click on the **Confirm and Continue**.

<input checked="" type="checkbox"/> Family Information	<p><b>Thank you for confirming the student data in the system.</b> Parents and Guardians,</p> <p>Thank you for using the Data Confirmation process. After the Final Confirmation, please print both the <a href="#">Emergency Card</a> and the required <a href="#">Annual Acknowledgment Form</a>.</p> <p><b>Middle School Students:</b> Bring your two mandatory forms to your homeroom teacher on the first day of school.</p> <p><input type="button" value="Print New Emergency Card"/></p>
<input checked="" type="checkbox"/> Student	
<input checked="" type="checkbox"/> Contacts	
<input checked="" type="checkbox"/> Medical History	
<input checked="" type="checkbox"/> Documents	
<input checked="" type="checkbox"/> Authorizations	
<input checked="" type="checkbox"/> Final Data Confirmation	

Click on **Print New Emergency Card**

To add additional students to your Parent Portal, click on Change Student at the top navigation menu bar

	2017-2018	Golden Eagle Elementary School							
<a href="#">Home</a>	<a href="#">Communications</a>	<a href="#">Student Info</a>	<a href="#">Attendance</a>	<a href="#">Grades</a>	<a href="#">Medical</a>	<a href="#">Guidance</a>	<a href="#">Test Scores</a>	<a href="#">Programs</a>	<a href="#">Change Student</a>

Click on **Add New Student To Your Account**

<b>Change Student</b>	 Titan
Alavez, Abel B - Grd 4 - Golden Eagle Elem	
Abbott, Allan J - Grd 12 - Screaming Eagle HS	
Abbott, Allan J - Grd 12 - Eagle Summer Schl	
Abdelnour, Alice - Grd 9 - Screaming Eagle HS	
Milchovich, Kristy L - Grd 9 - Screaming Eagle HS	
<a href="#">Add New Student To Your Account</a>	