



# El Rancho Unified School District Parent Portal – Data Confirmation for Returning Students

A screenshot of the Aeries Student Information System login page. At the top right, there is a language dropdown menu set to "English". The Aeries logo, a stylized "A" in blue and red, is centered above the text "Aeries® Student Information System". Below this is a white input field labeled "Email". A red callout box with the text "Begin here" and an arrow points to the left side of the "Email" field. Below the input field is a red button labeled "NEXT". At the bottom, there are links for "Forgot Password?" and "Create New Account".

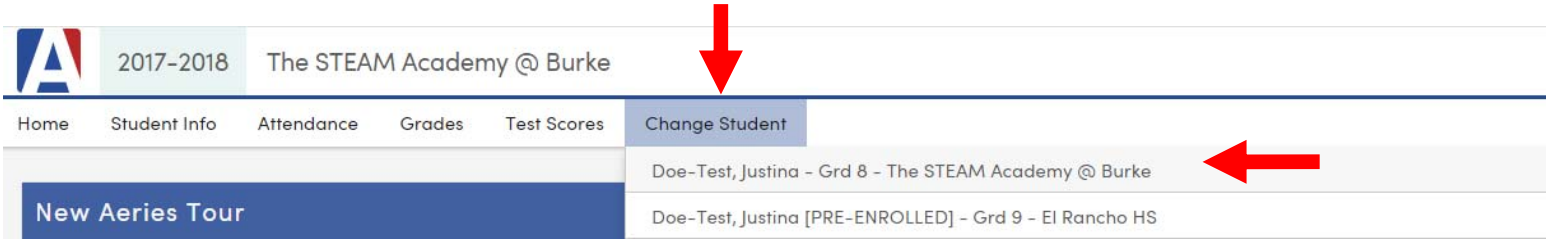
Log into your Parent Portal account.  
<https://portal.erusd.k12.ca.us/Parent/LoginParent.aspx>  
Enter your email address and click next.

A screenshot of the Aeries Student Information System login page, showing the password field. The Aeries logo and "Student Information System" text are at the top. Below is a white input field with a left-pointing arrow and the label "Password". Below the input field is a red button labeled "SIGN IN".

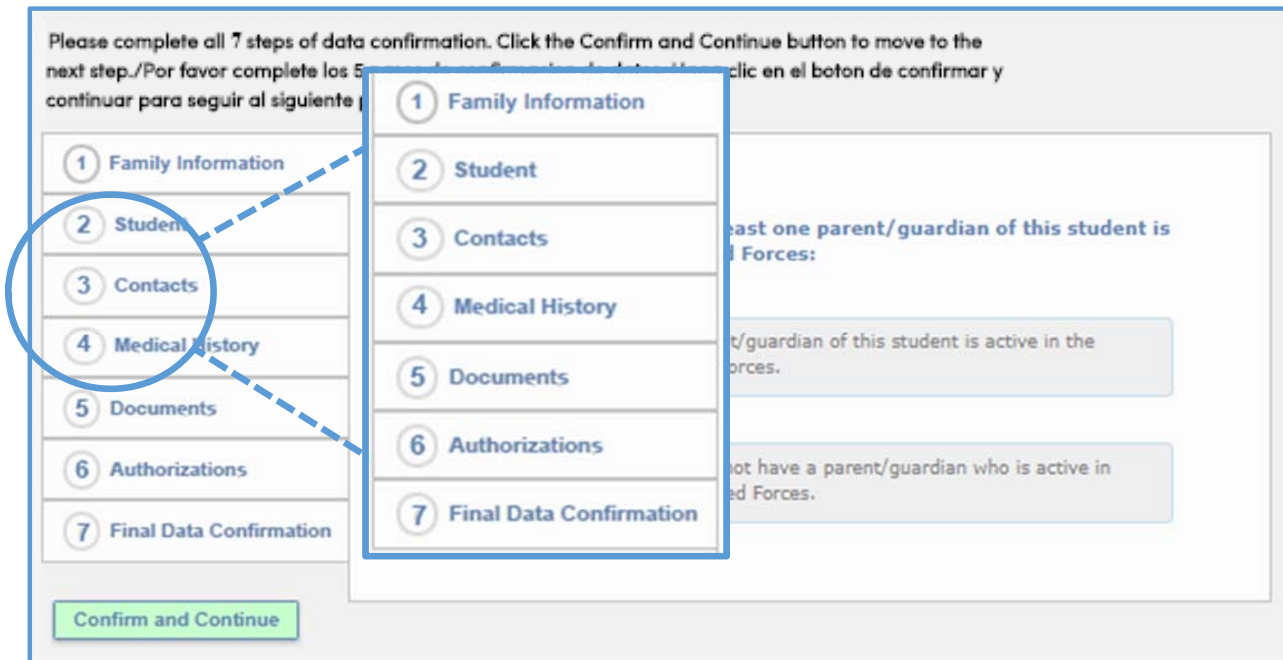
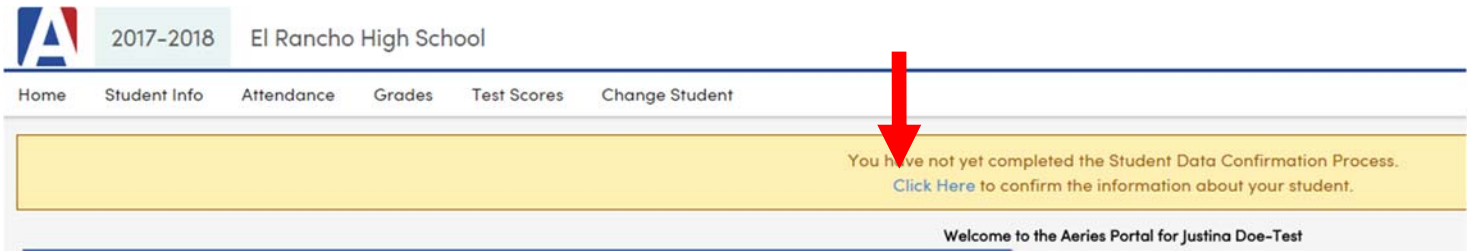


# Data Confirmation Process using Parent Portal account

Click on the “**Change Student**” option at the top of the screen and select your child’s name for example – Grd 8 – STEAM Academy



Click on the “**Click Here**” to begin the 7 Step Data Confirmation Process.





# Data Confirmation Process using Parent Portal account

## STEP #1

Family Information – please select whether or not at least one parent/guardian of this student is active in the United States Armed Forces.

1 Family Information ←

2 Student

3 Contacts

4 Medical History

5 Documents

6 Authorizations

7 Final Data Confirmation

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.

When done, Click on the “**Confirm and Continue**” button to go to step #2.

1 Family Information

2 Student

3 Contacts

4 Medical History

5 Documents

6 Authorizations

7 Final Data Confirmation

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.

Confirm and Continue

Confirm and Continue



## Data Confirmation Process using Parent Portal account

### STEP #2

Review your **Primary Phone Numbers** and make any corrections by clicking the “CHANGE” button.

Please complete all 7 steps of data confirmation. Click the Confirm and Continue button to move to the next step./Por favor complete los 5 pasos de confirmacion de datos. Haga clic en el boton de confirmar y continuar para seguir al siguiente paso.

✓ Family Information

2 Student ←

3 Contacts

4 Medical History

5 Documents

6 Authorizations

7 Final Data Confirmation

Confirm and Continue

Last Confirmed: 2/22/2018 4:29:19 PM  
Please review and update as needed./Por favor, revisar y actualizar según sea necesario.

Student Demographics		Notes
Primary Phone	(562) 801-5252	
Father's Work	(562) 949-1500	
Mother's Work	(562) 801-5252	

Change

Save when done

Save Cancel

When done, message will display the Student Data Saved with date and time stamp in red. The numbers will begin to turn into a check marks, this will continue for all.

✓ Family Information

✓ Student

3 Contacts

4 Medical History

5 Documents

6 Authorizations

7 Final Data Confirmation

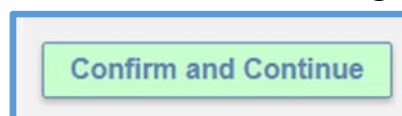
Student Data Saved at 2/21/2018 8:17:50 AM.

Please review and update as needed./Por favor, revisar y actualizar según sea necesario.

Student Demographics		Notes
Primary Phone	(562) 801-5252	
Father's Work	(562) 949-1500	
Mother's Work	(562) 801-5252	

Change

Click on the “**Confirm and Continue**” button to go to step #3.



*Note. . . If you do not have any changes to your primary phone numbers then click on the “Confirm and Continue” button to proceed to the next step.*



# Data Confirmation Process using Parent Portal account

## STEP #3

Review your **Emergency Contacts Names and Phone Numbers** and make any corrections by first clicking on the contact you need to review and then click the “CHANGE” button.

*Be sure both parents/guardians are added on this step; otherwise, they will not be notified of emergencies.*

You can add a new emergency contact by clicking the “ADD” button.

If you need to remove an emergency contact then click on the “DELETE” button.

3 Contacts

Last Confirmed: 2/22/2018 4:29:24 PM  
Please add both parents/guardians as emergency contacts, if not already included below. Also, update other adults authorized to pick up your child. / Por favor ponga a ambos padres/guardianes como contactos de emergencia, si no han sido incluidos en la parte de abajo. Tambien actualice otros adultos autorizados para recoger a su hijo/a.

Select Record to Change

Name	Address	Relation
Karen Gonzalez		Foster Mother
Tony Hernandez		Other Relative

Change Add Delete

Contact Details

	Notes
First Name	Karen
Last Name	Gonzalez
Relationship to student	Foster Mother
Telephone Number	(562) 801-5252
Work Phone Number	
Cell phone number	
Email Address	kgonzalez@erusd.org <span style="color: red;">Email Address is Locked</span>

After you click the “ADD” button, type in the emergency contact information; Name, relationship to student, lives with student, and phone numbers. When finished with this contact, click on the “SAVE” button. When you reviewed and updated your emergency contact information, click on the “Confirm and Continue” button.

Contact Details

	Notes
Name	Tony Hernandez
First Name	Tony
Last Name	Hernandez
Relationship to student	Other Relative
Lives With Student?	No
Telephone Number	
Work Phone Number	
Cell phone number	(562) 949-1
Email Address	

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

Save when done Save Cancel



# Data Confirmation Process using Parent Portal account

## STEP #4

Check any health concerns or conditions that your child has in these boxes. *When Condition is check, it will ask you Effective Date, Age, Grade and Comment to Medical Condition. Please answer questions appropriate to student.* If you have any changes then you must click on the save button.

Last Confirmed: 2/22/2018 4:29:27 PM

Check any health concerns or conditions that your child has in the boxes below.

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"/> Allergies-Bee/Insect sting	<input type="checkbox"/> Diabetes-insulin dependent	<input type="checkbox"/> Muscle/Joint/Bone Concerns		
<input type="checkbox"/> Allergies-Medicine	<input type="checkbox"/> Diabetes-non-insulin dependent	<input type="checkbox"/> Past Surgeries		
<input type="checkbox"/> Allergies-Environmental	<input type="checkbox"/> Eating/Digestion Concerns	<input type="checkbox"/> Past Major Illnesses/Injuries		
<input type="checkbox"/> Allergies-Food	<input type="checkbox"/> Emotional Concerns	<input type="checkbox"/> Physical Education Limitations		
<input type="checkbox"/> Asthma	<input type="checkbox"/> Headaches/Migraines	<input type="checkbox"/> Speech/Language difficulties or delays		
<input type="checkbox"/> Asthma-Exercise	<input type="checkbox"/> Hearing Loss/Hearing Aids	<input type="checkbox"/> Seizures		
<input type="checkbox"/> Asthma-Seasonal	<input type="checkbox"/> Heart Concerns	<input type="checkbox"/> Vision-Glasses/Contacts		
<input type="checkbox"/> Attention Deficit/Hyperactivity Disorder	<input type="checkbox"/> Kidney/Bladder Concerns	<input type="checkbox"/> Vision-Loss Vision/Blindness		
<input type="checkbox"/> Circulatory Concerns	<input type="checkbox"/> Medication taken at school (must notify school)	<input type="checkbox"/> Vision-Color Deficient		
<input type="button" value="Save"/>				

4 Medical History

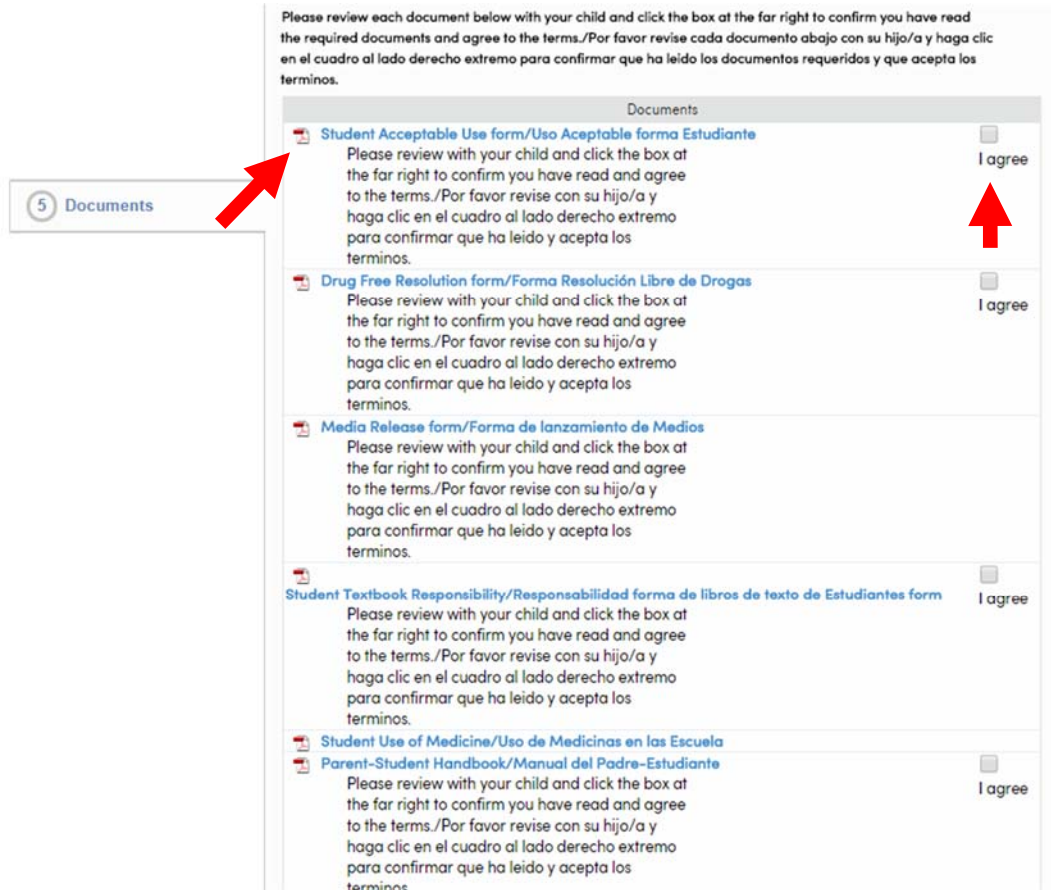
*When a Health Condition is check, it will ask you Effective Date, Age, Grade and Comment to Medical Condition. Please answer questions appropriate to student. Remember to “Save” when done. Then “Confirm and Continue” button.*

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"/> Allergies-Bee/Insect sting	<input type="checkbox"/> Diabetes-insulin dependent	<input type="checkbox"/> Muscle/Joint/Bone Concerns		
<input type="checkbox"/> Allergies-Medicine	<input type="checkbox"/> Diabetes-non-insulin dependent	<input type="checkbox"/> Past Surgeries		
<input type="checkbox"/> Allergies-Environmental	<input type="checkbox"/> Eating/Digestion Concerns	<input type="checkbox"/> Past Major Illnesses/Injuries		
<input type="checkbox"/> Allergies-Food	<input type="checkbox"/> Emotional Concerns	<input type="checkbox"/> Physical Education Limitations		
<input checked="" type="checkbox"/> Asthma	<input type="checkbox"/> Headaches/Migraines	<input type="checkbox"/> Speech/Language difficulties or delays		
Effective Date: 02/20/2011 <input type="button" value="Calendar"/>				
Age: <input type="text" value="0"/>				
Grade: <input type="text" value="0"/>				
Comment: <input type="text"/>				
<input type="checkbox"/> Asthma-Exercise	<input type="checkbox"/> Hearing Loss/Hearing Aids	<input type="checkbox"/> Seizures		
<input type="checkbox"/> Asthma-Seasonal	<input type="checkbox"/> Heart Concerns	<input type="checkbox"/> Vision-Glasses/Contacts		
<input type="checkbox"/> Attention Deficit/Hyperactivity Disorder	<input type="checkbox"/> Kidney/Bladder Concerns	<input type="checkbox"/> Vision-Loss Vision/Blindness		
<input type="checkbox"/> Circulatory Concerns	<input type="checkbox"/> Medication taken at school (must notify school)	<input type="checkbox"/> Vision-Color Deficient		
<input type="button" value="Save"/>				



## STEP #5

Review **EACH** required document by clicking the name of the document and then come back to the data confirmation page and click on the “**I agree**” button on the right side of each document. Then complete the step by clicking on the “**Confirm and Continue**” button.



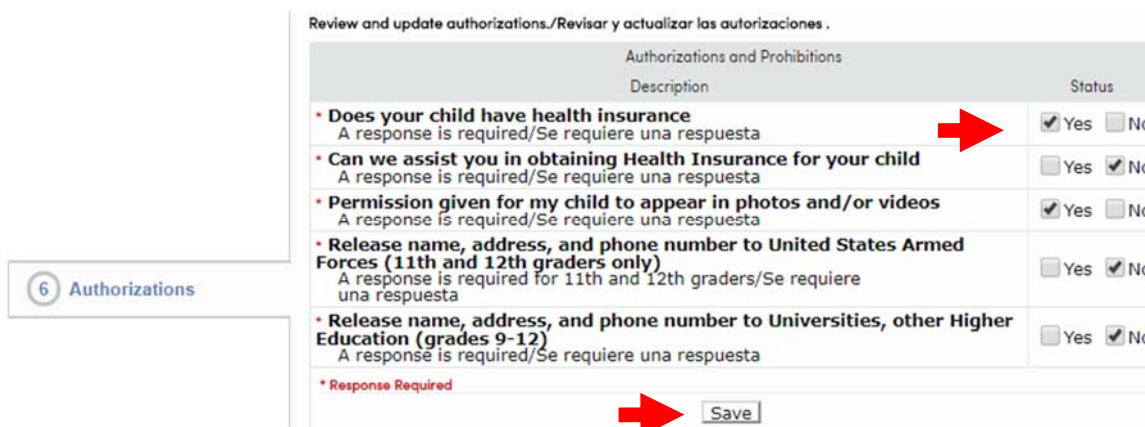
Please review each document below with your child and click the box at the far right to confirm you have read the required documents and agree to the terms./Por favor revise cada documento abajo con su hijo/a y haga clic en el cuadro al lado derecho extremo para confirmar que ha leído los documentos requeridos y que acepta los términos.

Documents	
<p><b>Student Acceptable Use form/Usó Aceptable forma Estudiante</b> Please review with your child and click the box at the far right to confirm you have read and agree to the terms./Por favor revise con su hijo/a y haga clic en el cuadro al lado derecho extremo para confirmar que ha leído y acepta los términos.</p>	<input type="checkbox"/> I agree
<p><b>Drug Free Resolution form/Forma Resolución Libre de Drogas</b> Please review with your child and click the box at the far right to confirm you have read and agree to the terms./Por favor revise con su hijo/a y haga clic en el cuadro al lado derecho extremo para confirmar que ha leído y acepta los términos.</p>	<input type="checkbox"/> I agree
<p><b>Media Release form/Forma de lanzamiento de Medios</b> Please review with your child and click the box at the far right to confirm you have read and agree to the terms./Por favor revise con su hijo/a y haga clic en el cuadro al lado derecho extremo para confirmar que ha leído y acepta los términos.</p>	
<p><b>Student Textbook Responsibility/Responsabilidad forma de libros de texto de Estudiantes form</b> Please review with your child and click the box at the far right to confirm you have read and agree to the terms./Por favor revise con su hijo/a y haga clic en el cuadro al lado derecho extremo para confirmar que ha leído y acepta los términos.</p>	<input type="checkbox"/> I agree
<p><b>Student Use of Medicine/Usó de Medicinas en las Escuela</b> <b>Parent-Student Handbook/Manual del Padre-Estudiante</b> Please review with your child and click the box at the far right to confirm you have read and agree to the terms./Por favor revise con su hijo/a y haga clic en el cuadro al lado derecho extremo para confirmar que ha leído y acepta los términos.</p>	<input type="checkbox"/> I agree

*Note. . . You can review documents during the school year through your portal account by selecting Student data and then Data Confirmation tab.*

## STEP #6

Review and update **the authorization** by selecting a “**YES**” or “**NO**” on each one. Click the “**SAVE**” button when you are finished with the Authorizations then click on the “**Confirm and Continue**” button to finish step #7.



Review and update authorizations./Revisar y actualizar las autorizaciones .

Authorizations and Prohibitions	
Description	Status
<p>* <b>Does your child have health insurance</b> A response is required/Se requiere una respuesta</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>* <b>Can we assist you in obtaining Health Insurance for your child</b> A response is required/Se requiere una respuesta</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>* <b>Permission given for my child to appear in photos and/or videos</b> A response is required/Se requiere una respuesta</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>* <b>Release name, address, and phone number to United States Armed Forces (11th and 12th graders only)</b> A response is required for 11th and 12th graders/Se requiere una respuesta</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>* <b>Release name, address, and phone number to Universities, other Higher Education (grades 9-12)</b> A response is required/Se requiere una respuesta</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

\* Response Required

## STEP #7

**Final Data Confirmation** step. Click on the “**Submit Final Confirmation**” button.



The screenshot shows a sidebar on the left with a list of steps, each with a green checkmark: Family Information, Student, Contacts, Medical History, Documents, Authorizations, and Final Data Confirmation (which has a '7' in a circle). Below the list is a green button labeled 'Submit Final Confirmation'. A red arrow points to this button. The main content area contains the following text:

Please click the finish and submit button on the left to complete the data confirmation process./Por favor haga clic en el boton que dice Termine y Entregue al lado izquierdo para completar el proceso de confirmacion de datos.

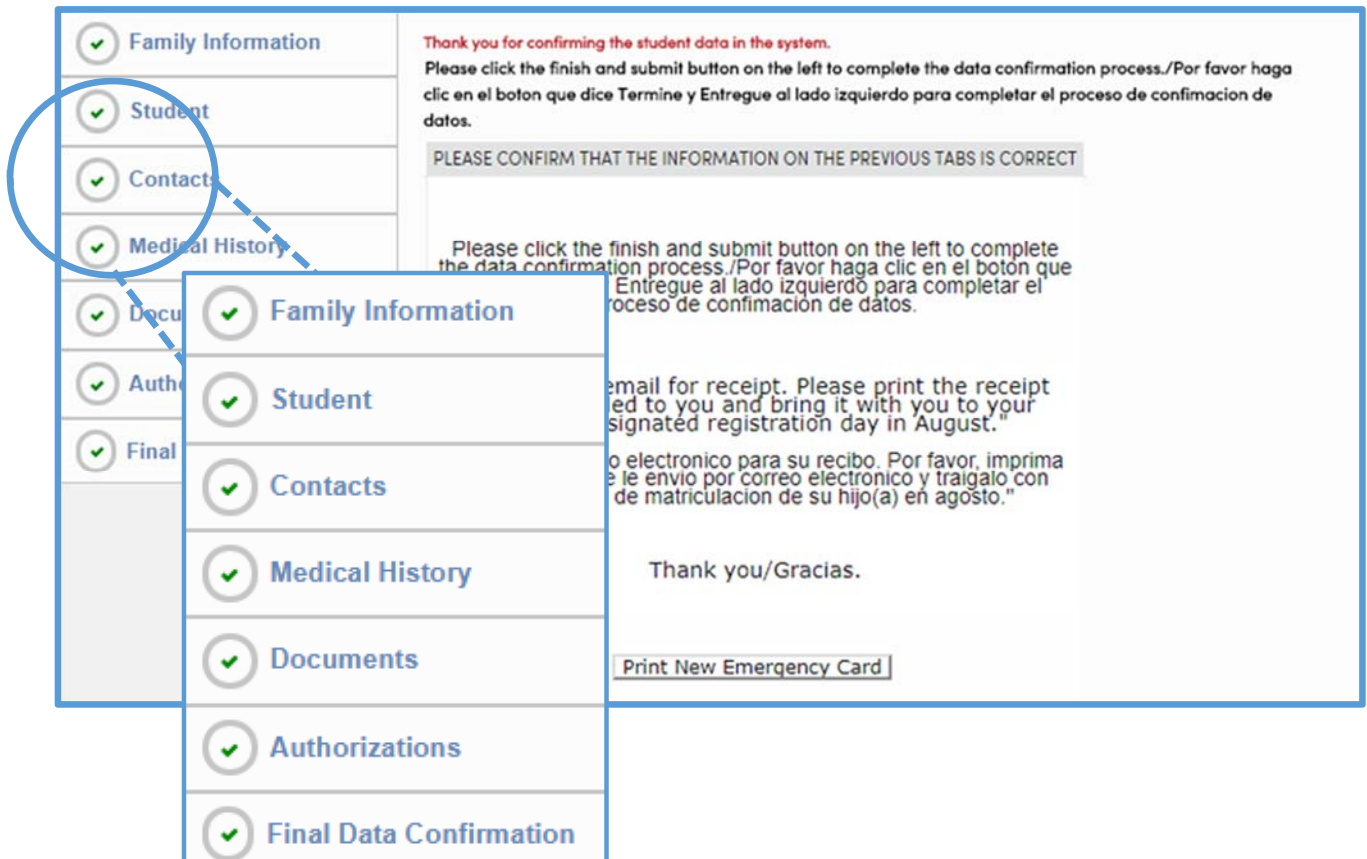
PLEASE CONFIRM THAT THE INFORMATION ON THE PREVIOUS TABS IS CORRECT

Please click the finish and submit button on the left to complete the data confirmation process./Por favor haga clic en el boton que dice Termine y Entregue al lado izquierdo para completar el proceso de confirmacion de datos.

Check your email for receipt./Consulte su correo electronico para su recibo.

Thank you/Gracias.

All steps should have a checkmark indicating step was completed. You may now check your email for receipt.



The screenshot shows the same sidebar as in the previous image, but with a blue circle around the 'Final Data Confirmation' step. A blue dashed line points from this circle to a button labeled 'Print New Emergency Card' in the main content area. The main content area contains the following text:

Thank you for confirming the student data in the system.

Please click the finish and submit button on the left to complete the data confirmation process./Por favor haga clic en el boton que dice Termine y Entregue al lado izquierdo para completar el proceso de confirmacion de datos.

PLEASE CONFIRM THAT THE INFORMATION ON THE PREVIOUS TABS IS CORRECT

Please click the finish and submit button on the left to complete the data confirmation process./Por favor haga clic en el boton que dice Termine y Entregue al lado izquierdo para completar el proceso de confirmacion de datos.

email for receipt. Please print the receipt received to you and bring it with you to your designated registration day in August."

o electronico para su recibo. Por favor, imprima el recibo de matriculacion de su hijo(a) en agosto."

Thank you/Gracias.

[Print New Emergency Card](#)

**Thank you!**