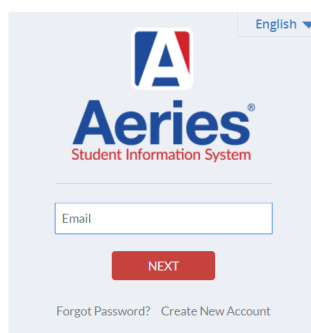


TRAVIS USD ONLINE PORTAL

DATA CONFIRMATION

Travis Unified School District



THANK YOU FOR CREATING A TRAVIS UNIFIED ONLINE PORTAL ACCOUNT!

WHAT IS IT?

The Online Portal allows you to update your child's current information on our student information system. By updating online, you will have access to all of the documents electronically and save a great deal of time!

The following items can be updated via the Online Portal:

- Home Address Changes (Need site confirmation and approval)
- Primary Phone Numbers (Home – Work – Cell)
- Parent Email (For Attendance & School Alerts)
- Emergency Contacts (Add / Change / Delete)
- Medical History
- Online Document Confirmation (Technology Use Agreement, etc.)
- Authorizations (Annual Notification of Rights & Responsibilities, etc.)



HOW OFTEN DO WE UPDATE THE INFORMATION?

You will update at least twice per year:

- Before the first day of the school year
- Middle of the school year

**We will send a reminder to your email, text, or phone when the time comes to apply any changes or updates.

HOW DO I GET STARTED?

Visit www.travisusd.org and click on the A+ in the upper right corner. Log into the Online Portal.



Travis Unified School District

The image shows the Aeries Student Information System login page. It features the Aeries logo at the top. Below the logo is a text input field labeled 'Email'. A red 'NEXT' button is positioned below the email field. At the bottom, there are links for 'Forgot Password?' and 'Create New Account'. A language dropdown menu is set to 'English'.

On the top of the portal, you will receive a message indicating that you need to complete the Student Data Confirmation Process. Select "Click Here" to begin the process.

The image is a screenshot of the Aeries portal interface for a user named Emmalee. At the top, there is a header bar with the school year '2017-2018' and the school name 'Scandia Elementary'. Below this is a navigation bar with links for Home, Student Info, Attendance, Grades, and Medical. A yellow banner message states: 'You have not completed the Student Data Confirmation Process. Click Here to confirm the information about your student.' Below the banner, there is a 'Class Summary' section with a table showing columns for Teacher, Gradebook, Mark, Trend, Missing Assignment, Post 5 Days, Website, Access Code, and Last Updated. Below the table is a 'Calendar' section with a date picker set to 06/29/2017 and a message: 'You have no events for this date'. At the bottom right, there is a 'Go To Calendar' link and an 'Attendance Summary' section.

THE SCREENS

FAMILY INFORMATION

This is a short survey regarding military affiliation and housing. Select “Yes” or “No” for military. For housing, select the appropriate option. If none of this applies to you, check the box labeled, “None of the above.” Then click “Confirm and Continue”

Permanent ID
State Student ID
Status Tag
Student Number

Please update all information.

1 Family Information
2 Student
3 Contacts
4 Medical History
5 Documents
6 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.

☐ **Temporarily Doubled Up**
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.

☐ **Temporarily Unsheltered**
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.

☒ **None of the above**
You may select this option if none of the above home situations apply to this student.

STUDENT

Review your current information. To make changes, click on the “Change” button at the bottom of the screen. If you have no changes, click “Confirm and Continue.”

2017-2018 Vanden High School

Home Student Info Attendance Grades Medical

Permanent ID
State Student ID
Status Tag Active
Student Number

Grade
Age
Sex
Birthdate

Please update all information.

Family Information

2 Student

3 Contacts

4 Medical History

5 Documents

6 Authorizations

7 Final Data Confirmation

Confirm and Continue

Please review and update as needed.

Student Demographics		Notes
Parent/Guardian	Vin	This field is used to address mailings from the school if applicable.
Mailing Address	Fairfield CA 94533	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)	Fairfield CA 94533	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.
Primary Phone	(707)	
Father's Work	(707)	
Mother's Work	(707)	
Parent Highest Education Level	Grad School/post grad trng	

Change

When finished, click on “Save” at the bottom of the screen.

Family Information

2 Student

3 Contacts

4 Medical History

5 Documents

6 Authorizations

7 Final Data Confirmation

Confirm and Continue

Please review and update as needed.

Student Demographics		Notes
Parent/Guardian		This field is used to address mailings from the school if applicable.
Mailing Address	City: Fairfield State: CA Zip: 94533	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)	City: Fairfield State: CA Zip: 94533	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.
Primary Phone		
Father's Work		
Mother's Work		
Parent Highest Education Level	Grad School/post grad trng	

Save Cancel

Click on "Confirm and Continue" to complete the next step.

Confirm and Continue

CONTACTS (PARENTS / EMERGENCY CONTACTS)

Your contacts will appear. To change a contact, click their name. This will highlight the contact. Then, click "Change."

Please update all information.

✓ Family Information

✓ Student

3 Contacts

4 Medical History

5 Documents

6 Authorizations

7 Final Data Confirmation

Please review and update contact information.

Select Record to Change

Name	Address	Relation
		Father
		Mother
		Family Member
		Family Member
		Family Member
		Family Member

Change

1

Select the contact you wish to change

2

Change

Confirm and Continue

Contact Details

Notes

Name		This field is used to address mailings from the school if applicable.
Name Prefix		
First Name		
Middle Name		
Last Name		
Name Suffix		
Address	Fairfield CA 94533	
Relationship to student	Father	
Lives With Student?	Yes	
Mail Tag		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	(707)	
Work Phone Number	(707)	
Cell phone number	(707)	
Email Address		Email Address is Locked
Employer Name		

Apply changes in the box and click on "Save" in the bottom right.

The image shows a 'Contact Details' form with various input fields for Name, Address, and Contact Information. A red arrow points to the 'Save' button at the bottom right of the form.

Contact Details		Notes
Name	<input type="text"/>	This field is used to address mailings from the school if applicable.
Name Prefix	<input type="text"/>	
First Name	<input type="text"/>	
Middle Name	<input type="text"/>	
Last Name	<input type="text"/>	
Name Suffix	<input type="text"/>	
Address	<input type="text"/>	
City	Fairfield	
State	CA	
Zip	94533	
Relationship to student	Father	
Lives With Student?	Yes	
Mail Tag	<input type="text"/>	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	(707) <input type="text"/>	
Work Phone Number	(707) <input type="text"/>	
Cell phone number	(707) <input type="text"/>	
Email Address	<input type="text"/>	Email Address is Locked
Employer Name	<input type="text"/>	
Employer Location	Fairfield	
<input type="button" value="Save"/> <input type="button" value="Cancel"/>		

To add or delete contacts, click on "Add" or "Delete"

The image shows a 'Contacts' management interface. On the left is a sidebar with navigation links: Family Information, Student, Contacts (selected), Medical History, Documents, Authorizations, and Final Data Confirmation. The main area displays a table of contacts with columns for Name, Address, and Relation. Below the table are buttons for 'Change', 'Add', and 'Delete'. A red circle highlights the 'Add' and 'Delete' buttons.

Please review and update contact information.

Select Record to Change

Name	Address	Relation
		Father
		Mother
		Family Member
		Family Member
		Family Member
		Family Member

Confirm and Continue

When finished, click on "Confirm and Continue" to complete the next step.

Confirm and Continue

MEDICAL HISTORY

Update or delete your child's medical information. You can delete by clicking "No Longer Applies." Click "Save" under the section you have updated and then select "Confirm and Continue."

IMPORTANT: The district nurse will still need copies of your child's immunization records.

Please update all information.

✓ Family Information

✓ Student

✓ Contacts

4 Medical History

5 Documents

6 Authorizations

7 Final Data Confirmation

Check any health concerns or conditions that your child has in the boxes below. You may need to provide a doctor's note.

Medical History and Current Medical Conditions					
Condition	Effective Date	Age	Grade	Comment	
Asthma-moderate	<input type="text" value=""/>	12	8	<input type="text" value=""/>	No Longer Applies
RX-emergency in health office	10/01/2014	10	6	<input type="text" value=""/>	No Longer Applies
Asthma-moderate	08/20/2014	10	6	<input type="text" value=""/>	No Longer Applies
Allergy-drug	10/06/2009	5	1	<input type="text" value=""/>	No Longer Applies

Save

Additional Conditions
Please Check All That Apply

☐ Allergy-bee sting (threatening)

☐ Asthma-severe

☐ RX - carries on person

☐ Allergy-food

☐ Diabetes

☐ RX-takes at school

☐ Allergy-seasonal

☐ None

☐ Wheelchair

Save

Confirm and Continue

DOCUMENTS

Travis Unified will be adding important documents to this section for you to read and acknowledge. Click on each document, read it, and check the box to the right of the document." *(These documents are accessible from the Online Portal at any time.)*

***Note:** The documents may differ from site to site.

Please update all information.

<input checked="" type="checkbox"/> Family Information	<p>Last Confirmed: 6/29/2017 5:41:42 PM Please review. You may print a copy for your records.</p> <table><thead><tr><th colspan="2">Documents</th></tr></thead><tbody><tr><td> Annual Notice Parent Rights & Responsibilities</td><td><input checked="" type="checkbox"/></td></tr><tr><td> Travis USD Internet Acceptable Use Policy</td><td><input checked="" type="checkbox"/></td></tr><tr><td> Student-Parent Acknowledgement</td><td><input checked="" type="checkbox"/></td></tr></tbody></table>	Documents		Annual Notice Parent Rights & Responsibilities	<input checked="" type="checkbox"/>	Travis USD Internet Acceptable Use Policy	<input checked="" type="checkbox"/>	Student-Parent Acknowledgement	<input checked="" type="checkbox"/>
Documents									
Annual Notice Parent Rights & Responsibilities		<input checked="" type="checkbox"/>							
Travis USD Internet Acceptable Use Policy		<input checked="" type="checkbox"/>							
Student-Parent Acknowledgement		<input checked="" type="checkbox"/>							
<input checked="" type="checkbox"/> Student									
<input checked="" type="checkbox"/> Contacts									
<input checked="" type="checkbox"/> Medical History									
<input checked="" type="checkbox"/> Documents									
<input type="checkbox"/> 6 Authorizations									
<input type="checkbox"/> 7 Final Data Confirmation									
<input type="button" value="Confirm and Continue"/>									

Confirm and Continue


AUTHORIZATIONS

Travis Unified will be adding important Authorizations to this section for you to read and acknowledge. Check the appropriate box for each item and click "Save." When finished click "Confirm and Continue."


<input checked="" type="radio"/> Student	Authorizations and Prohibitions	
<input checked="" type="radio"/> Contacts	Description	Status
<input checked="" type="radio"/> Medical History	<p>* Authorization for Emergency Medical Treatment I, the parent/guardian hereby authorize and consent to any x-ray, examination, anesthetic, medical, or surgical diagnosis, treatment, and/or hospital care which may be rendered to my child in an emergency. This authorization shall remain in effect for the 2017-2018 school year unless revoked in writing and delivered to the principal of the school my child attends. I understand the school district does not provide medical or accident insurance for my child. I understand that all costs of paramedic transportation, hospitalization, medical examination, x-rays, or treatment provided will be my responsibility.</p>	<input checked="" type="checkbox"/> Agree <input type="checkbox"/> Decline
<input checked="" type="radio"/> Documents	<p>Internet Usage Only select if you DO NOT wish your child to have access to district provided Internet when using electronic devices at school.</p>	<input type="checkbox"/> Decline
<input type="radio"/> 6 Authorizations	<p>Records Release Only select if you DO NOT wish the district to release directory information regarding your child.</p>	<input type="checkbox"/> Decline
<input type="radio"/> 7 Final Data Confirmation	<p>* Student Parent Acknowledgement I, the parent/guardian agree to the terms and conditions of the "Student/Parent Acknowledgement" located in the "Documents" section.</p>	<input checked="" type="checkbox"/> Agree <input type="checkbox"/> Decline
<input checked="" type="radio"/> Confirm and Continue	<p>* Multi-Media Release I, the parent/guardian agree that our child's name, picture, art, written work, voice, verbal statements, portraits (video or still) shall only be used for public relations, public information, school or district promotion, publicity, and instruction.</p>	<input checked="" type="checkbox"/> Agree <input type="checkbox"/> Decline
	<p>* Acknowledgement of Receipt of Parent/Guardian Rights As referenced in the Annual Notification of Rights and Responsibilities located in the "Documents" section.</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	<p>* Acknowledgement of Receipt of Policy of Student Discipline & Uniform Complaint Procedures As referenced in the Annual Notification of Rights and Responsibilities located in the "Documents" section.</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	<p>* Acknowledgement of Receipt of Policy on Promotion/Acceleration/Retention As referenced in the Annual Notification of Rights and Responsibilities located in the "Documents" section.</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	<p>* Acknowledgement of Receipt of Policy on Release of Directory Information As referenced in the Annual Notification of Rights and Responsibilities located in the "Documents" section.</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	<p>* Acknowledgement of Receipt of Policy on Acceptable Use of Electronic Information Resources As referenced in the Annual Notification of Rights and Responsibilities located in the "Documents" section.</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	<p>* Acknowledgement that the Travis Unified School District does not provide medical, dental, or accident insurance for students. As referenced in the Annual Notification of Rights and Responsibilities located in the "Documents" section.</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	<p>* Response Required</p>	<input type="button" value="Save"/>

FINAL DATA CONFIRMATION

The final screen will appear to confirm your completion of the Data Confirmation process. Please confirm that all seven steps have a checkmark. When ready, click "Confirm and Continue."

 2017-2018 Vanden High School

Home Student Info Attendance Grades Medical



Permanent ID		Grade
State Student ID		Age
Status Tag	Active	Sex
Student Number		Birthdate

Please update all information.

✓ Family Information

✓ Student

✓ Contacts

✓ Medical History

✓ Documents

✓ Authorizations

7 Final Data Confirmation


Confirm and Continue

Please confirm all information is accurate.

PLEASE CONFIRM THAT THE INFORMATION ON THE PREVIOUS TABS IS CORRECT

Thank you for using the Travis
USD Online Data Confirmation
process.

**TRAVIS UNIFIED
SCHOOL DISTRICT**





Reaching beyond the boundaries
to build a community of learners.

Please note that you will need to provide proof of
residency
to your school site if you have made any changes to
your home address.

****You may be required to provide proof of residency prior to your child attending school****

NEXT STEPS

You will receive an email confirmation receipt.

 Reply  Reply All  Forward  IM

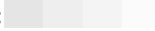
From: DoNotReply_Aeries@travisusd.org

Date: 6/29/17 7:36 PM (GMT-08:00)

To: @hotmail.com

Subject: Student Data Confirmation for:  (School #=21, Student #=, Permanent ID=)

DATA CONFIRMATION RECEIPT

Thank you for confirming the data for your student: 

Having accurate information greatly helps the school maintain a healthy and safe learning environment.

This email confirms that you have completed the data confirmation process.

WHAT IF MY INFORMATION CHANGES DURING THE YEAR?

Please do not hesitate to contact the school if any of your child's information changes after the Data Confirmation period.

****It is vital that the school has the most up-to-date contact information in the event of an emergency.****

THANK YOU FOR COMPLETING THE ONLINE DATA CONFIRMATION PROCESS!

