

AERIES Parent Portal Data Confirmation Process “HELP”

1. Login to the portal:

Ocean View School District

Log in to continue to Portals

English ▼

Aeries[®]SIS
Portals

Password

LOGIN

[Forgot password?](#)

[Create new account](#)

WELCOME TO THE AERIES PARENT/STUDENT PORTAL!

REPORT CARDS ARE NOW AVAILABLE TO VIEW AND PRINT ONLINE!!

For district information visit : www.ovsd.org

If you need to create an account, click on "Create New Account".
If you forgot your password, click on "Forgot Password?".

Type your login name
and password. CLICK on
"LOGIN."

2. Change to the student you want to verify enrollment for the 2014-15 school year:

2013-2014 **Vista View School**

Home Student Info Attendance Grades Medical Test Scores

Welcome to the Parent Portal for Ima Test

Calendar
07/28/2014
Add New Event Display: Day
You have no events for this date

Attendance Summary

Code	Description	All	0	1	2	3	4	5	6	7	8	9
------	-------------	-----	---	---	---	---	---	---	---	---	---	---

Gradebook Summary

Name	Per	Teacher	%	Avg	Current Mark	Trend	Missing Assign	Past 5 Day's Att	Last Updated
								T W T F M	
- Nominal change - Predicted increase of 1% or more - Predicted decrease of 1% or more									

[Help Me Understand the Trend](#)

Change Student Options Logout

Test, Ima - Grd 6 - Vista View Schl
Tester, Ima [PRE-ENROLLED] - Grd 1 - Hope View Schl
Tester, Stu [PRE-ENROLLED] - Grd 1 - Hope View Schl
Test, Star [PRE-ENROLLED] - Grd 1 - Hope View Schl
Test, SBAC [PRE-ENROLLED] - Grd 1 - Hope View Schl

Add New Student To Your Account

Student	Grade	School
Ima Test	6	Vista View Schl
Ima Tester	0	Hope View Schl
Stu Tester	0	Hope View Schl
Star Test	0	Hope View Schl
SBAC Test	0	Hope View Schl

Currently Accessing From: 10.38.1.245
Previously Accessed From: 10.38.1.245 on 7/28/2014 12:19:27 PM

HOVER your cursor over "Change Student." Drag your cursor down to CLICK on the correct student.

3. Begin/Continue/Review the Data Confirmation process in one of two ways:

1

HOVER your cursor over "Student Info." Drag your cursor down and CLICK on "Data Confirmation."

OR

2

CLICK on "Click Here" to begin the Data Confirmation Process (this option will go away after you complete the process).

The screenshot displays the Hope View School Parent Portal. At the top, the school name and year (2013-2014) are shown. A navigation bar includes links for Home, Student Info, Attendance, Medical, and Test Scores. A dropdown menu under Student Info is open, showing options like Profile, Demographics, Contacts, Data Confirmation, Authorizations, and Fees and Fines. A red arrow points from the instruction box to the Data Confirmation link. A yellow banner across the top of the main content area reads: "You have not yet completed the Student Data Confirmation Process. Click Here to confirm the information about your student." Below this, the page is divided into sections: a calendar for 07/28/2014, a table of most recent test results, and an attendance summary table. The footer shows the user's current and previous access times.

2013-2014 Hope View School

Home Student Info Attendance Medical Test Scores Change Student Options Logout

You have not yet completed the Student Data Confirmation Process. Click Here to confirm the information about your student.

Welcome to the Parent Portal for Star Test

Calendar
07/28/2014

Add New Event Display: Day

You have no events for this date

Most Recent Test Results

Test	Taken	Result
Students You Have Access To		
Student	Grade	School
Ima Test	6	Vista View Schl
Ima Tester	0	Hope View Schl
Stu Tester	0	Hope View Schl
Star Test	0	Hope View Schl
SBAC Test	0	Hope View Schl

Attendance Summary

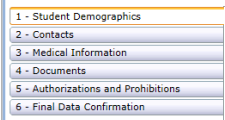
Code	Description	All
------	-------------	-----

Currently Accessing From: 10.38.1.245
Previously Accessed From: 10.38.1.245 on 7/28/2014 12:25:43 PM


4. Begin the Data Confirmation Process by reading the instructions:

STEPS #1 - 6

The 6 steps are below the blue arrow:



You will **CLICK** on each tab #1 - 6 to complete each step. You may **CLICK** back to previous tabs to make changes. Start by clicking on the tab: **1 - Student Demographics**

Home Student Info Attendance Medical Test Scores

StuNum	Last Name	First Name	Middle Name
10877	Test	Star	

Please UPDATE all of your child's information

Complete STEPS #1 -6 (click on each tab below the blue arrow)

1. Student Demographics
2. Contacts
3. Medical
4. Documents
5. Authorizations and Prohibitions
6. Final Data Confirmation

PLEASE NOTE: Information should be entered using proper upper and lower case. Do NOT use all capital letters or ANY punctuation!


For **HELP** in completing this process in ENGLISH, [click here:](#)

Para **AYUDA** en completar este proceso en Español, [click here:](#)

For **help** in completing this process in Việt, [click here:](#)

To review or print a copy of the parent and guardian rights and responsibilities click your language: [ENGLISH](#) [SPANISH](#) [VIETNAMESE](#). Printed copies are available if needed.

STEPS #1 - 6



For example:
Type "Julia Jones" NOT "JULIA JONES"
Type "Dr Julia Jones Smith" NOT "Dr. Julia Jones-Smith"

Links to this document in English, Spanish, and Vietnamese. The link will open up a new page in the browser with the "HELP" document and this page will still remain open.

5. STUDENT DEMOGRAPHICS:

STEP 1: Student Demographics

1. Review student information below to see if any data needs to be updated.
2. If updates are needed, **CLICK** below on **"Change"** to UPDATE your child's information.
 - If your address has changed, enter the changes in the residence and/or mailing address.
 - BRING 2 proofs of residency to the school.
 - UPDATE phone #'s & parent education level if information has changed.
3. **CLICK** on **"Save"** if any updates have been made. (If an address change was made, after clicking "Save" the data will show the old address again, but the school office will receive notification of the pending address change).

Scroll up to the blue arrow and continue to Step #2 by clicking on the tab: [2 - Contacts](#)

Student Demographics		
Field	Data	Notes
Mailing Address	16250 Hickory St Fountain Valley CA 92708	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)	16250 Hickory St Fountain Valley CA 92708	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	(714) 847-2551	
Father's Work	(714) 847-2551 Ext 0000	
Mother's Work	(714) 847-2551 Ext 0000	
Student's Mobile		
Parent Highest Education Level	Some College	
		Change 2

CLICK [Change](#) if you need to update data. The table will now look like the table below and you will be able to enter changes. Type the changes in the boxes. Do NOT use punctuation or ALL capitals!

Student Demographics		
Field	Data	Notes
Mailing Address	16250 Hickory St City: Fountain Valley State: CA Zip: 92708	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)	17200 Pine St City: Huntington Beach State: CA Zip: 92708	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	(714) 847-2551	
Father's Work	(714) 847-2551 0000	
Mother's Work	(714) 847-2551 0000	
Student's Mobile		
Parent Highest Education Level	College Graduate	
		Save Cancel 3

CLICK [Save](#). If an address change was made, after clicking "Save" the data will show the old address again. The school office will receive notification of the pending address change. All other changes will show under "Data."

WHEN FINISHED:

CLICK here →

- 1 - Student Demographics
- 2 - Contacts
- 3 - Medical Information
- 4 - Documents
- 5 - Authorizations and Prohibitions
- 6 - Final Data Confirmation

Student Demographics		
Field	Data	Notes
Mailing Address	16250 Hickory St Fountain Valley CA 92708	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)	16250 Hickory St Fountain Valley CA 92708	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	(714) 847-2551	
Father's Work	(714) 847-2551 Ext 0000	
Mother's Work	(714) 847-2551 Ext 0000	
Student's Mobile		
Parent Highest Education Level	College Graduate	
		Change

6. CONTACTS:

STEP 2: Contacts

REVIEW and UPDATE ALL contact information.

We request a MINIMUM of 4 CONTACTS using any combination of the contact types below (not including Doctor):

- **MOTHER/FATHER or GUARDIAN INFORMATION:**
 - **REQUIRED** fields: name, relationship, lives with parent and phone #'s
- **SUGGESTED OTHER CONTACTS**(to whom child can be released):
 - **REQUIRED** fields: name, phone #'s, relationship
- **DAYCARE PROVIDER** (if applicable):
 - **REQUIRED** fields: name, phone #'s, relationship should state "Daycare Provider"
- **DOCTOR/PHYSICIAN:**
 - **REQUIRED** fields: name, phone #'s, relationship should state "Doctor"

NOTE: A minimum of 4 contacts is requested using a combination of mother/father, other contacts, and daycare provider.

1. To **CHANGE** contact information:

- CLICK on the Contact Name in the box below ("Select Record to Change")
- CLICK on "Change"
- Make any changes and CLICK on "Save"

2. To **ADD** contact information:

- CLICK on "Add" below
- Add all contact information using guidelines for contact types above
- CLICK on "Save" and repeat to add more contacts

3. To **DELETE** contact information:

- CLICK on the Contact Name in the box below ("Select Record to Change")
- Verify in the contact information area you have selected the correct contact and CLICK on "Delete."
- Repeat to delete more contacts.

WHEN FINISHED:

Scroll up to the blue arrow and continue to Step #3 by clicking on the tab: **3 - Medical Information**

Select Record to Change

Name	Address	Relation
Ima testerdad		
Ima Aunt		Aunt

Change Add Delete

CHANGE a contact's information:

1

Field	Data	Notes
Name	Ima testerdad	This field is used to address mailings from the school if applicable.
First Name	Ima	
Last Name	testerdad	
Name Suffix		
Address		
Relationship		
Lives With Student?		
Telephone Number		
Work Phone		
Cell Number		
Email Address		
Employer Name		

- CLICK on the contact to "Change" and it will be highlighted in blue. Make sure the correct contact shows under "Contact Details".

- CLICK **Change** to update.
- Make changes and CLICK on **Save** and repeat for more contact changes.

Select Record to Change

Name	Address	Relation
Ima testerdad		
Ima Aunt		Aunt

Field	Data	Notes
Name	Ima testerdad	This field is used to address mailings from the school if applicable.
First Name	Ima	
Last Name	testerdad	
Name Suffix		
Address		
City:		State: Zip: -
Relationship	Father	
Lives With Student?	Yes	
Telephone Number	(714) 847-2551	
Work Phone		
Cell Number		
Email Address		
Employer Name	Ocean View	

Select Record to Change

Name	Address	Relation
Ima testerdad		
Ima Aunt		Aunt

Change Add Delete

ADD a contact.

2

Field	Data	Notes
Name	Ima testerdad	This field is used to address mailings from the school if applicable.
First Name	Ima	
Last Name	testerdad	
Name Suffix		
Address		
Relationship		
Lives With Student?		
Telephone Number		
Work Phone		
Cell Number		
Email Address		
Employer Name		

- CLICK on **Add**
- Add all contact information following the guidelines for contact types on the screen.
- CLICK **Save** and repeat to add more contacts.

Field	Data	Notes
Name	Ima Uncle	This field is used to address mailings from the school if applicable.
First Name	Ima	
Last Name	Uncle	
Name Suffix		
Address		
City:		State: Zip: -
Relationship	Uncle	
Lives With Student?	No	
Telephone Number	(555) 555-5555	
Work Phone		
Cell Number		
Email Address		
Employer Name		

STEP 2: Contacts

REVIEW and UPDATE ALL contact information.

We request a MINIMUM of 4 CONTACTS using any combination of the contact types below (not including Doctor):

- **MOTHER/FATHER or GUARDIAN INFORMATION:**
 - **REQUIRED** fields: name, relationship, lives with parent and phone #'s
- **SUGGESTED OTHER CONTACTS**(to whom child can be released):
 - **REQUIRED** fields: name, phone #'s, relationship
- **DAYCARE PROVIDER** (If applicable):
 - **REQUIRED** fields: name, phone #'s, relationship should state "Daycare Provider"
- **DOCTOR/PHYSICIAN:**
 - **REQUIRED** fields: name, phone #'s, relationship should state "Doctor"

1. To **CHANGE** contact information:

- CLICK on the Contact Name in the box below ("Select Record to Change")
- CLICK on "Change"
- Make any changes and CLICK on "Save"

2. To **ADD** contact information:

- CLICK on "Add" below
- Add all contact information using guidelines for contact types above
- CLICK on "Save" and repeat to add more contacts

3. To **DELETE** contact information:

- CLICK on the Contact Name in the box below ("Select Record to Change")
- Verify in the contact information area you have selected the correct contact and CLICK on "Delete."
- Repeat to delete more contacts.

WHEN FINISHED:

Scroll up to the blue arrow and continue to Step #3 by clicking on the tab: [3 - Medical Information](#)

WHEN FINISHED:

CLICK here



1 - Student Demographics
2 - Contacts
3 - Medical Information
4 - Documents
5 - Authorizations and Prohibitions
6 - Final Data Confirmation

Select Record to Change

Name	Address	Relation
Ima testerdad		Father
Ima Aunt		Aunt
Ima Uncle		Uncle

Change Add Delete

DELETE a contact.

3

Contact Details		
Field	Data	Notes
Name	Ima Aunt	This field is used to address mailings from the school if applicable.
First Name	Ima	
Last Name	Aunt	
Name Suffix	Dr	
Address	New York, NY	
Relationship	Aunt	
Lives With Student?	No	
Telephone Number	(333) 555-5555	
Work Phone		
Cell Number		
Email Address		
Employer Name		

- CLICK on the contact to "Delete" and it will be highlighted in blue. Make sure the correct contact shows under "Contact Details".
- CLICK . If it is the correct contact to delete. CLICK "OK" when asked:



Are you REALLY sure you want to delete this Contact Record?

OK

Cancel

- Repeat to delete more contacts

Select Record to Change

Name	Address	Relation
Ima testerdad		Father
Ima Uncle		Uncle
TYPE Doctor name here		Doctor/Physician

CHANGE Doctor/Physician contact:

Contact Details		
Field	Data	Notes
Name	Dr Thomas Jones	This field is used to address mailings from the school if applicable.
First Name		
Last Name		
Name Suffix		
Address		
City:		State: Zip:
Relationship	Doctor/Physician	
Lives With Student?		
Telephone Number		
Work Phone		
Cell Number	(555) 555-5555	
Email Address		
Employer Name		
		<input type="button" value="Save"/>

If you do not have a doctor/physician entered as a contact, you will see the contact name "TYPE Doctor name here".

- Follow the previous instructions to "Change" a contact.
- Type in your Doctor's name over the words "TYPE Doctor name here."
- Enter the Doctor's phone number.
- CLICK

7. MEDICAL INFORMATION:

STEP 3: Medical Information

1. We need your medical insurance information. In the table below, go to the comment for "TYPE Medical Insurance in COMMENT".

- CLICK in the "Comment" box after "My Medical Insurance is:"
- TYPE your insurance company name (i.e. Blue Cross, Aetna, Kaiser, Medi-CAL, etc.)
- CLICK on SAVE

2. Under **Additional Conditions**, CLICK on EACH medical condition that applies to your child.

- State dates and details about the condition by TYPING in the "Comments" box
- CLICK on SAVE

3. If your child takes any PRESCRIPTION medicines (In **Additional Conditions** Section):

- CLICK on the box "PRESCRIPTION MED #"
- CLICK in the "Comments" box and TYPE the name of the medicine, dosage, frequency, and what the medicine is used for.
- Continue process for additional medications using next "PRESCRIPTION MED #"
- CLICK on SAVE

WHEN FINISHED:

Scroll up to the blue arrow and continue to Step #4 by clicking on the tab: [4 - Documents](#)

Medical History and Current Medical Conditions				
Condition	Effective Date	Age	Grade	Comment
TYPE Medical Insurance in COMMENT	07/17/2014	0	0	My Medical Insurance is: Medi-CAL
Save				

Additional Conditions Please Check All That Apply		
<input type="checkbox"/> Allergies - Food	<input type="checkbox"/> Asthma - Seasonal	<input type="checkbox"/> *PRESCRIPTION MED 1 (put name in comment)
<input type="checkbox"/> Allergies - Environmental	<input type="checkbox"/> Diabetes	<input type="checkbox"/> *PRESCRIPTION MED 2 (put name in comment)
<input type="checkbox"/> Allergies - Insect	<input type="checkbox"/> Glasses or Contacts	<input type="checkbox"/> *PRESCRIPTION MED 3 (put name in comment)
<input type="checkbox"/> Seizures - Febrile	<input type="checkbox"/> Physical Limitations	<input type="checkbox"/> Allergies - Known Drug Allergy
<input type="checkbox"/> Seizures - Infant	<input type="checkbox"/> Heart Condition	<input type="checkbox"/> Asthma
<input type="checkbox"/> Seizures - Current Disorder	<input type="checkbox"/> Hearing Aids	<input type="checkbox"/> ADD/ADHD
<input type="checkbox"/> Asthma - Exercise Induced	<input type="checkbox"/> Other Condition Not Listed	<input type="checkbox"/> Autism
<input type="checkbox"/> Asthma - Illness Induced		
Save		

MEDICAL CONDITIONS Information

2

- CLICK on each medical condition under "**Additional Conditions**" that applies to your child.
 - State date and give details about the condition in the "Comments" box.
 - CLICK **Save**
- After clicking on "Save," the conditions will appear under "Medical History and Current Medical Conditions."

1

MEDICAL INSURANCE Information

Medical History and Current Medical Conditions				
Condition	Effective Date	Age	Grade	Comment
TYPE Medical Insurance in COMMENT	07/17/2014	0	0	My Medical Insurance is: Medi-CAL
Save				

Additional Conditions Please Check All That Apply		
<input type="checkbox"/> Allergies - Food	<input type="checkbox"/> Asthma - Seasonal	<input type="checkbox"/> *PRESCRIPTION MED 1 (put name in comment)
<input type="checkbox"/> Allergies - Environmental	<input type="checkbox"/> Diabetes	<input type="checkbox"/> *PRESCRIPTION MED 2 (put name in comment)
<input type="checkbox"/> Allergies - Insect	<input type="checkbox"/> Glasses or Contacts	<input type="checkbox"/> *PRESCRIPTION MED 3 (put name in comment)
<input type="checkbox"/> Seizures - Febrile	<input type="checkbox"/> Physical Limitations	<input type="checkbox"/> Allergies - Known Drug Allergy
<input type="checkbox"/> Seizures - Infant	<input type="checkbox"/> Heart Condition	<input type="checkbox"/> Asthma
<input type="checkbox"/> Seizures - Current Disorder	<input type="checkbox"/> Hearing Aids	<input type="checkbox"/> ADD/ADHD
<input type="checkbox"/> Asthma - Exercise Induced	<input type="checkbox"/> Other Condition Not Listed	<input type="checkbox"/> Autism
<input type="checkbox"/> Asthma - Illness Induced		
Save		

- CLICK in the comment box after "My Medical Insurance is:"
- Type in your medical insurance company name or "NO INSURANCE".
- CLICK **Save**

Medical History and Current Medical Conditions				
Condition	Effective Date	Age	Grade	Comment
TYPE Medical Insurance in COMMENT	07/17/2014	0	0	My Medical Insurance is: Medi-CAL
Save				

Additional Conditions Please Check All That Apply		
<input checked="" type="checkbox"/> Allergies - Food	<input type="checkbox"/> Asthma - Seasonal	<input type="checkbox"/> *PRESCRIPTION MED 1 (put name in comment)
Effective Date: 07/29/2014		
Age: 0		
Grade: 0		
Comment: Peanuts - severe		
<input type="checkbox"/> Allergies - Environmental	<input type="checkbox"/> Diabetes	<input type="checkbox"/> *PRESCRIPTION MED 2 (put name in comment)
<input type="checkbox"/> Allergies - Insect	<input checked="" type="checkbox"/> Glasses or Contacts	<input type="checkbox"/> *PRESCRIPTION MED 3 (put name in comment)
	Effective Date: 07/29/2014	
	Age: 0	
	Grade: 1	
	Comment: Wears contacts	
<input type="checkbox"/> Seizures - Febrile	<input type="checkbox"/> Physical Limitations	<input type="checkbox"/> Allergies - Known Drug Allergy
<input type="checkbox"/> Seizures - Infant	<input type="checkbox"/> Heart Condition	<input type="checkbox"/> Asthma
<input type="checkbox"/> Seizures - Current Disorder	<input type="checkbox"/> Hearing Aids	<input type="checkbox"/> ADD/ADHD
<input type="checkbox"/> Asthma - Exercise Induced	<input type="checkbox"/> Other Condition Not Listed	<input type="checkbox"/> Autism
<input type="checkbox"/> Asthma - Illness Induced		
Save		

STEP 3: Medical Information

1. We need your medical insurance information. In the table below, **go to the comment for "TYPE Medical Insurance in COMMENT"**.

- CLICK in the "Comment" box **after** "My Medical Insurance is:"
- TYPE your insurance company name (i.e. Blue Cross, Aetna, Kaiser, Medi-CAL, etc.)
- CLICK on SAVE

2. Under **Additional Conditions**, CLICK on EACH medical condition that applies to your child.

- State dates and details about the condition by TYPING in the "Comments" box
- CLICK on SAVE

3. If your child takes any PRESCRIPTION medicines (In **Additional Conditions** Section):

- CLICK on the box "PRESCRIPTION MED #" .
- CLICK in the "Comments" box and TYPE the name of the medicine, dosage, frequency, and what the medicine is used for.
- Continue process for additional medications using next "PRESCRIPTION MED #" .
- CLICK on SAVE

WHEN FINISHED:

Scroll up to the blue arrow and continue to Step #4 by clicking on the tab: **4 - Documents**

Medical History and Current Medical Conditions					
Condition	Effective Date	Age	Grade	Comment	
Allergies - Food	07/29/2014	0	0	Peanuts - severe	No Longer Applies
Glasses or Contacts	07/29/2014	0	1	Wears contacts	No Longer Applies
TYPE Medical Insurance in COMMENT	07/17/2014	0	0	My Medical Insurance is: Medi-CAL	No Longer Applies
Save					
Additional Conditions Please Check All That Apply					
<input type="checkbox"/> Allergies - Environmental <input type="checkbox"/> Asthma - Seasonal <input checked="" type="checkbox"/> *PRESCRIPTION MED 2 (put name in comment) <input type="checkbox"/> Allergies - Insect <input type="checkbox"/> Diabetes <input type="checkbox"/> *PRESCRIPTION MED 3 (put name in comment) <input type="checkbox"/> Seizures - Febrile <input type="checkbox"/> Physical Limitations <input type="checkbox"/> Allergies - Known Drug Allergy <input type="checkbox"/> Seizures - Infant <input type="checkbox"/> Heart Condition <input type="checkbox"/> Asthma <input type="checkbox"/> Seizures - Current Disorder <input type="checkbox"/> Hearing Aids <input type="checkbox"/> ADD/ADHD <input type="checkbox"/> Asthma - Exercise Induced <input type="checkbox"/> Other Condition Not Listed <input type="checkbox"/> Autism <input type="checkbox"/> Asthma - Illness Induced <input type="checkbox"/> *PRESCRIPTION MED 1 (put name in comment)					
Save					

3

PRESCRIPTION MEDICINE Information

3

Medical History and Current Medical Conditions					
Condition	Effective Date	Age	Grade	Comment	
Allergies - Food	07/29/2014	0	0	Peanuts - severe	No Longer Applies
Glasses or Contacts	07/29/2014	0	1	Wears contacts	No Longer Applies
TYPE Medical Insurance in COMMENT	07/17/2014	0	0	My Medical Insurance is: Medi-CAL	No Longer Applies
Save					
Additional Conditions Please Check All That Apply					
<input type="checkbox"/> Allergies - Environmental <input type="checkbox"/> Asthma - Seasonal <input checked="" type="checkbox"/> *PRESCRIPTION MED 2 (put name in comment) <input type="checkbox"/> Allergies - Insect <input type="checkbox"/> Diabetes <input type="checkbox"/> *PRESCRIPTION MED 3 (put name in comment) <input type="checkbox"/> Seizures - Febrile <input type="checkbox"/> Physical Limitations <input type="checkbox"/> Allergies - Known Drug Allergy <input type="checkbox"/> Seizures - Infant <input type="checkbox"/> Heart Condition <input type="checkbox"/> Asthma <input type="checkbox"/> Seizures - Current Disorder <input type="checkbox"/> Hearing Aids <input type="checkbox"/> ADD/ADHD <input type="checkbox"/> Asthma - Exercise Induced <input type="checkbox"/> Other Condition Not Listed <input type="checkbox"/> Autism <input type="checkbox"/> Asthma - Illness Induced <input checked="" type="checkbox"/> *PRESCRIPTION MED 1 (put name in comment)					
Save					

If your child takes prescription medicines:

- Click on the box for "PRESCRIPTION MED 1".
 - In the "Comments box type in the medicine, dosage, frequency, and what the medicine is used for.
 - Continue for additional prescription medicines using next "PRESCRIPTION MED #."
 - CLICK **Save**
- You will still need to bring a doctor's form for every prescription med given at school.

REMOVING a condition

- If you made a mistake and need to remove a selection from the "Medical History and Current Medical Conditions" CLICK on **No Longer Applies**
- CLICK **Save**

WHEN FINISHED:

CLICK here

- 1 - Student Demographics
- 2 - Contacts
- 3 - Medical Information
- 4 - Documents
- 5 - Authorizations and Prohibitions
- 6 - Final Data Confirmation






Medical History and Current Medical Conditions					
Condition	Effective Date	Age	Grade	Comment	
Allergies - Food	07/29/2014	0	0	Peanuts - severe	No Longer Applies
Glasses or Contacts	07/29/2014	0	1	Wears contacts	No Longer Applies
*PRESCRIPTION MED 1 (put name in comment)	07/29/2014	0	4	Albuterol, 2 puffs as needed	No Longer Applies
*PRESCRIPTION MED 2 (put name in comment)	07/29/2014	0	1	Epipen-As needed, peanut allergy	No Longer Applies
TYPE Medical Insurance in COMMENT	07/17/2014	0	0	My Medical Insurance is: Medi-CAL	No Longer Applies
Save					

8. DOCUMENTS:

STEP 4: Documents

- 1. CLICK on each underlined "Document" to read.
- 2. After reviewing documents:
 - CLICK on each box on the right to verify that you have reviewed the document.
- 3. **PRINT** the "Verification Summary":
 - CLICK on the "Verification Summary" document, which will open in a new window.
 - PRINT the document after it opens.
 - You and your child will need to READ, INITIAL, and SIGN this document and RETURN it to your child's school.

Continue to Step #5 by clicking on the tab: [5 - Authorizations and Prohibitions](#)

Documents	
Policy Documents	
 <u>Compulsory Education Law Notice</u>	<input type="checkbox"/> I have read and understand the Compulsory Ed Law Notice
 <u>Dangerous Objects at School</u>	<input type="checkbox"/> I have read and understand the Dangerous Objects at School document
 <u>SARB Letter</u>	<input type="checkbox"/> I have read and understand the SARB letter
Handbooks	
 <u>Vista View Handbook 2013-14</u> Read the handbook and click on the box to verify it has been read.	<input type="checkbox"/> I have read and understand the Handbook
Print & Sign Documents	
 <u>Verification Summary</u> Document verifying you and your child have read policy documents. A printed copy MUST be returned to the school along with the printed and signed emergency card found in Step #6.	<input type="checkbox"/> Print, read, initial, & sign (student & parent). Return signed/initialed copy to your school. Click on "Verification Summary" to the left to print.

1
CLICK on each underlined document to read. Some of the documents will be different than those shown here

2
CLICK on the box to verify that you have reviewed and understand the document. You must verify that you have read each document in order to finish the confirmation process.

3
PRINT the "Verification Summary":
CLICK on the underlined "Verification Summary" document name to PRINT.

WHEN FINISHED:

CLICK here



1 - Student Demographics
2 - Contacts
3 - Medical Information
4 - Documents
5 - Authorizations and Prohibitions
6 - Final Data Confirmation

9. AUTHORIZATIONS AND PROHIBITIONS:

STEP 5: Authorizations and Prohibitions

IMPORTANT - Please read before clicking on boxes.

1. School/District Release (inside OVSD):

CLICK **"Consent"** box if you...

- Authorize School/District Photo/Video Release (inside OVSD) of photo/video taken of your child by OVSD authorized school/district representatives within school/district activities. The child may be identified by his or her last name and may be used in school-related documents.
- Child will be included in yearbooks, memory books, school/district newsletters and district website.

CLICK **"NO Consent"** box if you...

- DO NOT authorize School/District Photo/Video Release (inside OVSD) of photo/video taken of your child by OVSD authorized school/district representatives within school/district activities.
- Child will be excluded from yearbooks, memory books, school/district newsletters and district website.

2. Media Release (outside OVSD):

CLICK **"Consent"** box if you...

- Authorize Media Photo/Video Release (outside OVSD) of photo/video taken of your child during school-related activities by representatives of the media (including television) and for use by the district/media in various media such as newspapers, broadcasts, news releases, and social media sites (i.e. Facebook).

CLICK **"NO Consent"** box if you...

- DO NOT authorize Media Photo/Video Release (outside OVSD) of photo/video taken of your child during school-related activities by representatives of the media and for use by the district/media in various media such as newspapers, broadcasts, news releases, and social media sites.

3. PROCEED to "Electronic Report Cards," "Emergency Treatment Release," and "Health Insurance."

4. PROCEED to Over the Counter Product Authorizations:

- CLICK **"Consent"** box if you consent to authorized district personnel administering the listed product to your child.
- CLICK **"NO Consent"** box if you DO NOT consent to your child being administered the listed OTC product at school.

5. CLICK on SAVE.

Scroll up to the blue arrow and continue to Step #6 by clicking on the tab: [6 - Final Data Confirmation](#)

ELECTRONIC REPORT CARDS: Middle school's ONLY. This will not show up as an option for Elementary schools.

Authorizations and Prohibitions	
Description	Status
SCHOOL/DISTRICT RELEASE (inside OVSD) Read above for a detailed explanation on choosing "Consent" or "No Consent" for this release. If you select "Consent" for any School/District Photo/Video release (which could include yearbook, memory book, classroom photography, school/district newsletter, district website), you hereby release and hold harmless the Ocean View School District and its authorized representatives from any and all actions, claims damages, costs of expenses, including attorney's fees, brought by the student and/or parent or guardian which relate to or arise out of any use of these recordings as specified.	<input checked="" type="checkbox"/> Consent <input type="checkbox"/> No Consent

MEDIA RELEASE (outside OVSD) Read above for a detailed explanation on choosing "Consent" or "No Consent" for this release. If you select "Consent" for outside OVSD media photo/video releases (which could include television, newspapers, broadcasts, news releases and social media), you hereby release and hold harmless the Ocean View School District and its authorized representatives from any and all actions, claims damages, costs of expenses, including attorney's fees, brought by the student and/or parent or guardian which relate to or arise out of any use of these recordings as specified.	<input type="checkbox"/> Consent <input checked="" type="checkbox"/> No Consent
--	---

ELECTRONIC REPORT CARDS-NOT Printed I will use the Aeries Parent Portal (portal.ovsd.org) to view and/or print my child's report cards and no longer require the district to print and mail my child's progress reports or report cards. Report cards will be available to view online the same day they are processed.	<input checked="" type="checkbox"/> Consent <input type="checkbox"/> No Consent
EMERGENCY TREATMENT RELEASE I authorize such medical treatment as may be determined necessary by the physician/medical personnel in charge in case of emergency and I cannot be reached. I also acknowledge that local police, paramedics or other emergency personnel may be called in certain circumstances, in order to assure emergency treatment for my child.	<input type="checkbox"/> Consent <input checked="" type="checkbox"/> No Consent
HEALTH INSURANCE <p><u>The district does NOT provide medical insurance coverage for school activities.</u></p> <p>Therefore, the parent is responsible for their child's medical bills if he/she gets hurt during school activities.</p> <p><u>Regarding health insurance enrollment:</u></p> <p>If you do not have health insurance for your child or would like information on a student policy, Student Accident & Health Insurance documents and information are available in your school office or on the district website at www.ovsd.org.</p> <ul style="list-style-type: none"> • CLICK on "Interested" if you would like information on a student health insurance policy • CLICK on "Not Interested" if you do not need to receive more information 	<input type="checkbox"/> Interested <input checked="" type="checkbox"/> Not Interested

STEP 5: Authorizations and Prohibitions

IMPORTANT - Please read before clicking on boxes.

1. School/District Release (inside OVSD):

CLICK **"Consent"** box if you...

- Authorize School/District Photo/Video Release (inside OVSD) of photo/video taken of your child by OVSD authorized school/district representatives within school/district activities. The child may be identified by his or her last name and may be used in school-related documents.
- Child will be included in yearbooks, memory books, school/district newsletters and district website.

CLICK **"NO Consent"** box if you...

- DO NOT authorize School/District Photo/Video Release (inside OVSD) of photo/video taken of your child by OVSD authorized school/district representatives within school/district activities.
- Child will be excluded from yearbooks, memory books, school/district newsletters and district website.

2. Media Release (outside OVSD):

CLICK **"Consent"** box if you...

- Authorize Media Photo/Video Release (outside OVSD) of photo/video taken of your child during school-related activities by representatives of the media (including television) and for use by the district/media in various media such as newspapers, broadcasts, news releases, and social media sites (i.e. Facebook).

CLICK **"NO Consent"** box if you...

- DO NOT authorize Media Photo/Video Release (outside OVSD) of photo/video taken of your child during school-related activities by representatives of the media and for use by the district/media in various media such as newspapers, broadcasts, news releases, and social media sites.

3. PROCEED to "Electronic Report Cards," "Emergency Treatment Release," and "Health Insurance."

4. PROCEED to Over the Counter Product Authorizations: **4**

- CLICK **"Consent"** box if you consent to authorized district personnel administering the listed product to your child.
- CLICK **"NO Consent"** box if you DO NOT consent to your child being administered the listed OTC product at school.

5. CLICK on SAVE. **5**

Scroll up to the blue arrow and continue to Step #6 by clicking on the tab: [6 - Final Data Confirmation](#)

WHEN FINISHED:

CLICK here



1 - Student Demographics
2 - Contacts
3 - Medical Information
4 - Documents
5 - Authorizations and Prohibitions
6 - Final Data Confirmation

SALT WATER GARGLE I allow the school to administer salt water gargle to my child. I understand the school will supply the solution and it will be administered by authorized persons. SCHOOL SUPPLIED	<input checked="" type="checkbox"/> Consent <input type="checkbox"/> No Consent
HYDROGEN PEROXIDE I allow the school to administer hydrogen peroxide to my child. I understand the school will supply the peroxide and it will be administered by authorized persons. SCHOOL SUPPLIED	<input checked="" type="checkbox"/> Consent <input type="checkbox"/> No Consent
CALAMINE LOTION I allow the school to administer calamine lotion to my child. I understand the school will supply the lotion and it will be administered by authorized persons. SCHOOL SUPPLIED	<input checked="" type="checkbox"/> Consent <input type="checkbox"/> No Consent
ANTIBACTERIAL OINTMENT/CREAM I allow the school to administer antibacterial ointment/cream to my child. I understand the school will supply the ointment/cream and it will be administered by authorized persons. SCHOOL SUPPLIED	<input checked="" type="checkbox"/> Consent <input type="checkbox"/> No Consent
PETROLEUM JELLY I allow the school to administer petroleum jelly to my child. I understand the school will supply the petroleum jelly and it will be administered by authorized persons. SCHOOL SUPPLIED	<input type="checkbox"/> Consent <input checked="" type="checkbox"/> No Consent
EUCERIN/LUBRIDERM I allow the school to administer Eucerin/Lubriderm lotion to my child. I understand the school will supply the lotion and it will be administered by authorized persons. SCHOOL SUPPLIED	<input checked="" type="checkbox"/> Consent <input type="checkbox"/> No Consent
ANTIBACTERIAL SOAPS I allow the school to administer antibacterial soaps to my child. I understand the school will supply the soap and it will be administered by authorized persons. SCHOOL SUPPLIED	<input checked="" type="checkbox"/> Consent <input type="checkbox"/> No Consent
BZK TOWELETTES I allow the school to administer BZK towelettes to my child. I understand the school will supply the towelettes and it will be administered by authorized persons. SCHOOL SUPPLIED	<input checked="" type="checkbox"/> Consent <input type="checkbox"/> No Consent
<div>Save</div>	

10. FINAL DATA CONFIRMATION:

STEP 6: Final Data Confirmation

1. CLICK each box below to verify that you have reviewed and updated all information.
2. CLICK on SAVE (A new screen will appear with more information).
3. CLICK on "Print New Emergency Card" below. **PRINT** and **SIGN**.
4. RETURN the following forms to your school:
 - Emergency Card
 - Verification Summary (Found in Step #4: Documents)

These completed steps will confirm completion of our online "Annual Verification of Enrollment" process!

CONFIRMATION PROCESS NOT COMPLETE : If you get one of these two messages, you need to go back and finish a step in order to complete the process (if you did not get a "red message" go to next page).

You can not perform final data confirmation until you Read and Confirm all of the documents listed on the Documents tab.

STEP 6: Final Data Confirmation

1. CLICK each box below to verify that you have reviewed and updated all information.

- Go back to Step 4: Documents.
- Check any box that is NOT checked.
- Return to Step 6: Final Data

Documents	
Policy Documents	
Compulsory Education Law Notice	<input checked="" type="checkbox"/> I have read and understand the Compulsory Ed Law Notice
Dangerous Objects at School	<input checked="" type="checkbox"/> I have read and understand the Dangerous Objects at School document
SARB Letter	<input checked="" type="checkbox"/> I have read and understand the SARB letter
Handbooks	
Vista View Handbook 2013-14 Read the handbook and click on the box to verify it has been read.	<input checked="" type="checkbox"/> I have read and understand the Handbook
Print & Sign Documents	
Verification Summary Document verifying you and your child have read policy documents. A printed copy MUST be returned to the school along with the printed and signed emergency card found in Step #6.	<input type="checkbox"/> Print, read, initial, & sign (student & parent). Return signed/initialled copy to your school. Click on "Verification Summary" to the left to print.

You can not perform final data confirmation until you Select a Value for each Authorization and Prohibition Code.

STEP 6: Final Data Confirmation

1. CLICK each box below to verify that you have reviewed and updated all information.

- Look for an authorization with a red * and "Consent" and "No Consent" not checked.
- Check "Consent" or "No Consent"
- Scroll down and CLICK "Save."
- Return to Step 6: Final Data Confirmation.

* CONTACT LENS SOLUTION/SALINE I allow the school to administer contact lens solution to my child. I understand I must supply the solution and have my child bring it to the office in the morning. PARENT SUPPLIED	<input type="checkbox"/> Consent <input type="checkbox"/> No Consent
TOPICAL ORAL ANESTHETIC I allow the school to administer topical oral antiseptic to my child. I understand I must supply the antiseptic and have my child bring it to the office in the morning. PARENT SUPPLIED	<input checked="" type="checkbox"/> Consent <input type="checkbox"/> No Consent
DIAPERING OINTMENT/CREAM I allow the school to administer diapering ointment/cream to my child. I understand I must supply the solution and have my child bring it to the office in the morning. PARENT SUPPLIED	<input checked="" type="checkbox"/> Consent <input type="checkbox"/> No Consent

STEP 6: Final Data Confirmation

1. CLICK each box below to verify that you have reviewed and updated all information.
2. CLICK on SAVE (A new screen will appear with more information).
3. **CLICK on "Print New Emergency Card" below. PRINT and SIGN.**
4. RETURN the following forms to your school:
 - Emergency Card
 - Verification Summary (Found in Step #4: Documents)

These completed steps will confirm completion of our online "Annual Verification of Enrollment" process!

PLEASE CONFIRM THAT THE INFORMATION ON THE PREVIOUS TABS IS CORRECT

Student Demographics ☐
Contacts ☐
Medical Information ☐
Authorizations and Prohibitions ☐

1

2

Save

When you have completed updating and entering all information, you will get a screen that looks like this.

AFTER clicking on "Save", you will get this screen.

PRINT NEW EMERGENCY CARD: After clicking on the button, you will get a popup window to open your document (these will vary depending on your internet browser). Make sure popups are allowed for this website!

3

PLEASE CONFIRM THAT THE INFORMATION ON THE PREVIOUS TABS IS CORRECT

Student Demographics ☒
Contacts ☒
Medical Information ☒
Authorizations and Prohibitions ☒

CONGRATULATIONS! You have completed your Annual Verification of Enrollment.

Reminder: Don't forget to bring the following to Pre-Sale Day on August 27th:

- SIGNED Emergency Card
- INITIALED and SIGNED Verification Summary Document (by both Parents and Students)

FOOD & NUTRITION SERVICES:

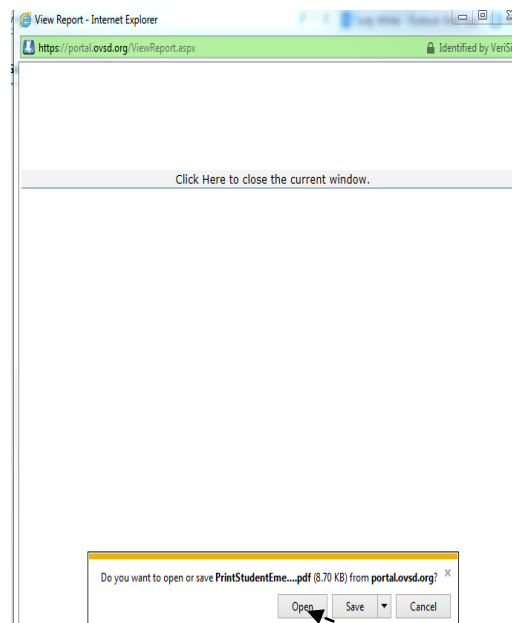
If you have not already done so, you may follow the links below to our Food & Nutrition Services website.

- It's not just about meals anymore! Learn if you qualify for free or reduced price meals for your student(s) based on income and household size.
- Please, submit only ONE application per household.
- We encourage all to apply!! Even if you choose NOT to participate in the program, your APPROVED application MAXIMIZES FUNDING FOR YOUR SCHOOLS through the new Local Control Funding Formula.

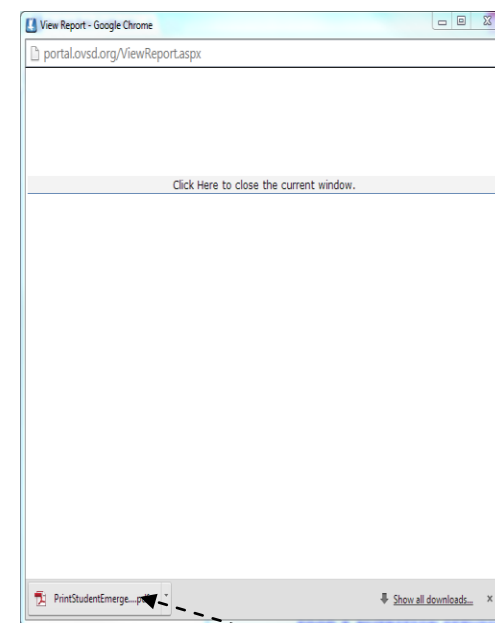
Choose from the following links:

- To learn if you qualify and to apply for free/reduced priced meals [click here](#).
- To set up your lunch account at My School Bucks [click here](#)
- For more information about "Local Control Funding" [click here](#).

Print New Emergency Card



INTERNET EXPLORER: CLICK on "Open."
This will open a PDF document you can print.







GOOGLE: CLICK on the PDF document link. This will open a PDF document you can print.


DOCUMENTS TO RETURN TO YOUR SCHOOL

1 - EMERGENCY CARD (Signed)

Test Star		Student Emergency Card			Hope View School					
2013-2014					7/29/2014					
Student Information										
Form ID	Last Name	First Name	Middle Name	Sex	Grade	Birthdate	Page 1			
105946	Test	Star		M	8	12/25/2011				
Address		16256 Hickory St Fountain Valley, CA 92708		Student's Mobile						
Mailing Address		16256 Hickory St Fountain Valley, CA 92708		Student's Email						
Birth Place				Teacher Unassigned						
Parent/Guardian Information										
Parent Portal		Primary Phone	(714) 847-2051							
		Father's work	(714) 847-2051 Ext.800							
		Mother's work	(714) 847-2051 Ext.800							
Language - English										
Gained Information										
Is a hospitalized (less than 24 hours)		Mobile	(714) 847-2051							
Uncle		Mobile								
Aunt		Mobile								
Uncle		Mobile	(951) 550-5555							
Typical doctor name here										
Doctor/Physician										
Bibliographies Information										
Name		Sex	Gr	Birthdate	School	Name	Sex	Gr	Birthdate	School
Test		M	8	12/25/2011	Hope View School					
Medical Information										
Health Problem:										
Allergies - Food		Grnth	Age	Date	Start Date	End Date				
Parent Comment: Nuts - severe		1	8	07/29/2014	07/29/2014					
Glasses or Contacts		1	8	07/29/2014	07/29/2014					
Parent Comment: Nuts contacts										
PRESCRIPTION MED 1 (put name in 1)		8	8	07/29/2014	07/29/2014					
Parent Comment: Allergies, 3 puffs as needed										
PRESCRIPTION MED 2 (put name in 2)		8	8	07/29/2014	07/29/2014					
Parent Comment: Epipen as needed, penicillin allergy										
Typical Medical Insurance in COMMENT		8	8	07/27/2014	07/27/2014					
Parent Comment: My Medical Insurance is: BlueCross										
Authorizations										
Authorization Type		Authorization Code		Date		Status	CI	Status		
OTC Authorized Parent-Parent-Supplied		H1 HEALTH INSURANCE		07/29/2014		07/29/2014	Comment			
OTC Authorized Parent-Parent-Supplied		OC CONTACT LENS SOLUTIONALINE		07/29/2014		07/29/2014	Comment			
Parent/Physician Release		SR SCHOOLS/REPORT RELEASE (male/ovale)		07/12/2014		07/12/2014	Comment			
Parent/Physician Release		SB MEDICAL RELEASE (male/ovale)		07/12/2014		07/12/2014	No Comment			
Parent/Carer		RC ELECTRONIC REPORT CARD/REPORT RELEASE		07/12/2014		07/12/2014	No Comment			
Health Authorizations		ER EMERGENCY TREATMENT RELEASE		07/12/2014		07/12/2014	No Comment			
OTC Authorized Product-Parent-Supplied		GR GRAMINICATED UP SALE		07/12/2014		07/12/2014	Comment			
OTC Authorized Product-Parent-Supplied		GC TOPICAL ORAL ANESTHETIC		07/12/2014		07/12/2014	Comment			
OTC Authorized Product-Parent-Supplied		GR DAPHERON OINTMENT/CREAM		07/12/2014		07/12/2014	Comment			
OTC Authorized Product-Parent-Supplied		GR CARBON-MERCAPTO TARTAR LINDENES		07/12/2014		07/12/2014	Comment			
OTC Authorized Product-Parent-Supplied		QV HYPOALLOSTINE CREAM 5.1.9%		07/12/2014		07/12/2014	Comment			
OTC Authorized Product-Parent-Supplied		OC ANTACIDS		07/12/2014		07/12/2014	Comment			
OTC Authorized Product-Kinship-Supplied		GA ALCOHOL, ISOPROPYL		07/12/2014		07/12/2014	Comment			

2 - VERIFICATION SUMMARY document (Signed and Initialed by Parent and Student)


	OCEAN VIEW SCHOOL DISTRICT	
<u>COMPULSORY EDUCATION LAW</u>		
Student's Name _____	School _____	Grade _____
PLEASE PRINT		
<p>Students must be allowed to take advantage of the educational opportunities available to them. The California Legislature declares a trust in every private language.</p>		
<p>Education Code Section 45200:</p> <p>"Each person between the ages of 6 and 18 years, is subject to compulsory full-time education. Each person subject to compulsory full-time education and each person subject to compulsory continuation education, shall attend the public full-time-day school, for the full-time duration as the length of the school day, and each parent, guardian, or other person on having control or charge of such pupil shall send the pupil to the public full-time-day school. For the full-time duration as the length of the school day."</p>		
<p>Education Code Section 45260:</p> <p>A pupil subject to compulsory full-time education or to compulsory continuation education who is absent from school without a valid excuse three full-day full days in one school year or tardy or absent for more than a 30 minute period during the school day without a valid excuse on three occasions in one school year, or any combination thereof, it is a warrant and shall be reported to the attendance supervisor or the superintendent of the school district.</p>		
<p>Truancy may result in:</p> <ul style="list-style-type: none">• Detention• Friday or Saturday School• Referral to the District Attorney Truancy Parent Meeting• Referral to the School Attendance Review Board (SARB)• Referral to Probation and/or Juvenile Court		
<p>It is the responsibility of parents and students to comply with California's Compulsory Education Law.</p>		
<u>LAW AGAINST DANGEROUS OBJECTS</u>		
		
<u>ATTENTION ALL STUDENTS:</u> It is against the law to have dangerous objects at school.		
<p>A student who has a firearm such as a pistol, gun, or rifle, or any look-alike (replica) firearm at school may be recommended for expulsion from the District. The local law enforcement will be notified, and the student may be subject to arrest.</p>		
<p>A student who has a knife at school may be recommended for expulsion from the District. The local law enforcement will be notified, and the student may be subject to arrest.</p>		
<p>A student who uses an object in a manner that poses a danger to students and/or school staff may be suspended from school, and may be recommended for expulsion from the District. Also, the local law enforcement will be notified, and the student may be subject to arrest.</p>		
<p>If there is reasonable suspicion that a student possesses a dangerous object, this student may be searched.</p>		
<p>If there is reasonable suspicion that a student has an illegal or dangerous object in his/her desk, locker or backpack, a search may be made of that student's desk, locker or backpack.</p>		



Annual Notification to Parents/Guardians/Students

As the parent/guardian of the above named student, I verify that my child and I have read and understand the information as read in the Annual Notification Parents/Guardians 2014-2015 web page, and agree to abide by the policies of the Ozone View School District. The Notification includes guidelines on the following which can be found on our website at www.ovsd.org. A hard copy of the Annual Notification is available at the school office.

<ul style="list-style-type: none"> ✓ Student Discipline ✓ Student Records ✓ Release of Information ✓ Health and Safety ✓ Attendance ✓ Non-Discrimination ✓ Students with Disabilities 	<ul style="list-style-type: none"> ✓ FERPA ✓ Pesticides ✓ Attendance Options ✓ Excused Absences ✓ Notice of Alternative Schools ✓ Sexual Harassment Policy ✓ Education Code §48205 	<ul style="list-style-type: none"> ✓ Uniform Complaint Procedures ✓ Visitors/Outsides Policy ✓ Parent Involvement Policy ✓ Type 2 Diabetes Information ✓ Minimum Day Schedule ✓ Acceptable Use Agreement for Electronic Resources
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Student and parent/guardian
02/08/15 AT 05:00AM

Verification Summary

I hereby acknowledge that I have read the Compulsory Education Law Notification and agree to abide by the rules and expectations contained therein.

I hereby acknowledge that I have read the Law Against Harassment, Objects Notification and agree to abide by the rules and expectations contained therein.

I hereby acknowledge that I have read the OVID Annual Notification to Parent/Teacher/Student and Responsibilities, and agree to abide by the rules and expectations contained therein.

parent/guardian

I hereby acknowledge and verify that the information entered over the online (electronic) data confirmation process for my child regarding the administration of Ozone County District is accurate. I request that my child be identified by authorized personnel as my child's school in the administration of Ozone County District that I identified and approved electronically, in compliance with OVID's established policies and procedures.

Student Name (print)

Parent/Guardian Name (print)

Student Signature

Parent/Guardian Signature

Date

Date

Parent/Guardian and student must read, sign and initial before in acknowledgment.

Return both forms to your school.

Educator Code #48921 requires parents to return a signed and/or an acknowledgment of being assigned as required by existing statutes.

PLEASE CONFIRM THAT THE INFORMATION ON THE PREVIOUS TABS IS CORRECT

- Student Demographics ☒
- Contacts ☒
- Medical Information ☒
- Authorizations and Prohibitions ☒

CONGRATULATIONS! You have completed your Annual Verification of Enrollment.

Reminder: Don't forget to bring the following to Pre-Sale Day on August 27th:

- SIGNED Emergency Card
- INITIALED and SIGNED Verification Summary Document (by both Parents and Students)

FOOD & NUTRITION SERVICES:

If you have not already done so, you may follow the links below to our Food & Nutrition Services website.

- It's not just about meals anymore! Learn if you qualify for free or reduced price meals for your student(s) based on income and household size.
- Please, submit only ONE application per household.
- We encourage all to apply!! Even if you choose NOT to participate in the program, your APPROVED application MAXIMIZES FUNDING FOR YOUR SCHOOLS through the new Local Control Funding Formula.

Choose from the following links:

- To learn if you qualify and to apply for free/reduced priced meals [click here.](#)
- To set up your lunch account at My School Bucks [click here](#)
- For more information about "Local Control Funding" [click here.](#)

[Print New Emergency Card](#)

FOOD & NUTRITION SERVICES:

If you have not already done so, links are provided here to sign up and/or set up your accounts!

Congratulations! You are done!