

Parent Portal

Savanna Elementary School District



Instructions for Registration

2018-2019 School Year

Aeries Parent Portal Registration

Parent Portal Access

Click on link in the email or <u>https://accessmystudent.com/savannasd/</u>to access the Parent Portal:

Savanna Elementary School District



You should now have access to the Parent Portal

If you have issues accessing the parent portal, send an email to: <u>savanna.aeries@savsd.org</u>



Change Password for Permanent Access:

Registration

The **home page** will show a blue banner with a message regarding the confirmation process. You must select "Click Here" and verify/update this information in order to complete the registration process for 2018-19 school year.



Student Demographics

The **Student** screen will require you to update specific information. If the mailing address has changed, please contact your school office to provide new address.

Student Demographics			
		Notes	
Parent/Guardian	Parent	This field is used to address mailings from the school if applicable.	
Primary Phone	(714) 123-4567		
Student's Mobile			
Parent Highest Education	College		
Level	Graduate		
Court			
Ins.			
InsNam			
ASC			
ASCNam			
		Change	

✓ Please update by selecting the change button

 \checkmark The fields will turn white and allow new information to be entered.

	Student Demographics	
		Notes
Parent/Guardian	Parent	This field is used to address mailings from the school if applicable.
Primary Phone	(714) 123-4567	
Student's Mobile		
Parent Highest Education Level	College Graduate	
Court	Yes ᅌ	
Ins.	Yes ᅌ	
InsNam	Blue Shield ᅌ	
ASC	Yes ᅌ	
ASCNam	Other	
	Save Cancel	

Information is being requested as follows:

- ✓ Court: Do you have any legal paperwork for custody/guardianship? Please select Yes or No. If the answer is yes, please make sure the school office has a copy of the legal paperwork as required.
- ✓ Ins. (Insurance): Do you have medical insurance? Please select Yes or No.
- ✓ InsName (Insurance Name): Please select which insurance you have.
- ✓ ASC (After School Care): Does your child attend an after school care program? Please select Yes or No.
- ✓ ASCNam (After School Care Name): Please select the after school care program your child attends.

After all the information has been entered

- ✓ Select SAVE
- ✓ Then click
- Confirm and Continue

Contacts

The **Contacts** screen will allow you to view each existing or add new contacts for your student. Please provide the following minimum contacts.

- 1) Contact information for each Parent or Guardian
- 2) Contact information for two additional adults that can be contacted in emergencies.

To update an existing contact:

Select R	ecord to Ch	ange		
Name	Address	Relat	ion	
Nume	Addiess	Refut		
Parent Ler	nox 1234 ABC	DriveMothe	r	
Change	Add		✓ Seled	ct Change
	Conta	ct Details		
			Notes	
Name	Parent Lennox		This field is used to address mailings from the school if	
Name Prefix			аррисаріе.	Change any information that is
First Name	Parent			 Change any information that is
Middle Name				incorrect.
Last Name	Lennox			
Name Suffix				
Address	1234 ABC Drive			
	City: Anaheim State: CA	Zip: 92804 -		
Address Type	Home Address			✓ Please make sure
Relationship to student	Mother	2		<u>i icase make sure</u>
Lives With Student?	Yes ᅌ			there is a code associated
Code	Parent/Guardian 1			
Mail Tag	Physician Contact		Should this contact receive an additional copy of mail? You	with each contact. This
	Emergency Contact & Authorized f Out of State Contact	or Pickup	can not flag a contact to	bolne identify what role the
	Parent/Guardian 1		receive additional mail unless the contact has an address	neips identity what fold the
	Authorized for Pickup		that is different than the	contact has
Telephone Number	(714) 123-4567		student's.	
Work Phone Number				Please make sure to put the phone
Cell phone number	(714) 222-2333			
Pager				number in the appropriate location (i.e.
Email Address	Email Address is Locked			telephone (nome), work, or cell)
Employer Name				
Employer Location				
	Save	Cancel		When done aliak Save
				• When done click Save

Please note emergency calls will go out to all numbers listed for those listed as an emergency contact.

To add a new contact:

- ✓ Select Add, new form will open (like above)
- ✓ Enter all contact information (as noted above)
- Click Save Confirm and Continue
- ✓ Then click

Medical History

The **Medical History** screen will allow you to view Current Medical conditions and update if necessary as well as add any NEW Medical Conditions.

To update an existing condition:

Medical History and Current Medical Conditions							
Condition	Effective Da	ate	Age	Grade	Comment		
Allergy	03/01/2016		6	1	5/18/2016: Peanut Allergy	No Longer Applies	

- \checkmark Any field that has a white background can be updated.
- ✓ If you are making any additional comments, please <u>make sure to put the date</u> in which you are adding the comment.
- ✓ If the condition no longer applies select the "No Longer Applies" button.

To add a new or additional conditions:

			Additional Conditions			
			Please Check All That Ap	ply		
Allergy - Env	vironmental		Epinephrine Auto Injector PE/Activity Restrictions			
Allergy - For	bd		Hearing	Seizures/ Epilepsy		
Allergy - Me	dication		Meds in office	Skin Condition		
Allergy - Sei	asonal		Meds at home	Tubes in ears		
Effective Date:	05/18/2016					
Age:	0					
Grade:	0					
Comment:		1.				
🗆 Asthma			Other - see comments	Wears glasses		
Chronic Hea	lth Issue					
			Save			

- \checkmark Click on the appropriate check box for Medical Condition
- ✓ Effective date will automatically populate but can be changed as needed.
- ✓ Enter all relevant information
- ✓ Click Save
- ✓ Then click
- Confirm and Continue

Documents

The **Documents** screen will provide various documents that you need to review. You can download and save to your computer or they can be accessed at any time on the Savanna School District website.

Annual Matting	
 Annual Notice Please review and print out as needed. Note this document will be available through the year on the District website. Por favor revisar e imprimir según sea necesario. Nota que este documento estará disponible durante todo el año en el sitio web del distrito. 	<u> </u>
 Cerritos Handbook Please review and print out as needed. Note this handbook will be available throughout the year on the Cerritos website. Por favor revisar e imprimir según sea necesario. Nota que este manual estará disponible durante todo el año en el sitio web de Cerritos. 	
Insurance Information Information about health coverage is attached. Por favor imprima y llene la encuesta adjunta lengua.	

After you have read the documents, click on the Confirmation **check box** on the right side of the screen.

✓ Then click

Authorizations

The Authorizations and Prohibitions screen will display important district notifications for you to read and review.

Description	Status
Annual Notice I have read and accepted the District Annual Notification of Rights as required by Education Code 48982. I am aware that the District Annual Notifications to Parents/Students is online: <u>Click Here</u>	I Acknowledge
Parent/Student Handbook I/We have read and accept the School Parent/Student Handbook information, including but not limited to Attendance, Safety, Health Services, Nutritional Guidelines, Dress Code, Student Behavior, Rules, Discipline Polices, Visitation, and Internet Use policies. I am aware that the School Parent/Student handbook is online: <u>Click Here</u>	I Acknowledge
Use the Internet I/We have read and accepted the Internet Use Policy and Agreement.	
I have read and agree to adhere to the Parent/Student Internet Use Policy. I understand that (I am, my student) is expected to act in a responsible manner and follow all guidelines regarding use of the school's technology resources, and that all privileges on such systems can be revoked for violations of the policy. I am aware that the Internet Use Policy and Agreement is online: <u>Click Here</u>	I Acknowledge
School Marquee I give permission for my student's name to be displayed on the student marquee.	Allow Deny
Medical Emergency In the event of a medical emergency (and at parent's expense), I give the school authority to call 911 on my behalf, and/or to have the child seen by another licensed physician?	Allow Deny
Medical Information Shared with Staff I give permission for my child's medical information to be shared with appropriate school staff as necessary.	Allow Deny
Photo/Video Release I give permission for use of photographs/video of my child in connection with school activities by District staff or PTA.	Allow 🗌 Deny
Electronic Device I give permission for my child to bring an electronic device to school. I have read the information regarding the use of electronic devices and discussed the rules with my child.	Allow Deny
Release of Student Transcripts I give permission to the District to release my child's transcripts electronically to Anaheim Union High School if they are entering 6th grade.	Allow Deny
Photo/Video Use on District Website/PTA I give permission for use of photographs of my child in connection with school activities to be placed on the School's website.	Z Allow 🗌 Deny
Save	
✓ Then click Continue	

Click the Status for **ALL** Authorizations listed.

✓ You must select a status for each Authorization displayed.

Click Save

Final Data Confirmation

The **Final Data Confirmation** screen requires you to confirm that all information on the tabs are correct.

Confirm and Continue

If they are correct click **Confirm and Continue**

After you confirm, your student is registered for the 2018-19 School Year.

You can print a copy of the emergency card for your records if needed.

Please note that during the first week of school a copy of the emergency card will be sent home for your signature.

It is important that you sign and return it as soon as possible.



Portal de Padres

Savanna Elementary School District



Instrucciones para la Registración

Año Escolar 2018-2019

Registración Portal de Padres Aeries

Acceso al Portal de Padres

Haga clic en el enlace en el correo electrónico o <u>https://accessmystudent.com/savannasd/</u>para acceder al Portal de Padres:

Savanna Elementary School District



Ahora debería tener acceso al Portal de Padres

Si tiene problemas con el acceso al portal de los padres pueden ser dirigidas a: <u>savanna.aeries@savsd.org</u>

Cambiar Contraseña para el Acceso Permanente:

Change Student Options Logout	 ✓ Seleccione opciones (en la esquina superior derecho
Change Password Change Email	✓ Seleccione cambio de contraseña
Change Your Aeries Password Old Password: New Password: New Password Again: Update	 ✓ Introduzca la contraseña temporal Aquí ✓ Introduzca nueva contraseña ✓ Introduzca nueva contraseña otra vez ✓ Seleccione "update"

Registración

La **página principal** mostrará una bandera azul con un mensaje relativo a confirmar la información. Debe seleccionar "Haga clic aquí" y verifique/actualice esta información con el fin de completar el proceso de registro para el año escolar 2018-19.



Demografía Estudiantil

La pantalla del alumna le va a requerir que actualize información específica. Si el domicilio ha cambiado, favor comuníquese con la oficina de la escuela para proporcionar su nuevo domicilio.

Student Demographics				
		Notes		
Parent/Guardian	Parent	This field is used to address mailings from the school if applicable.		
Primary Phone	(714) 123-4567			
Student's Mobile				
Parent Highest Education	College			
Level	Graduate			
Court				
Ins.				
InsNam				
ASC				
ASCNam				
		Change		

- Por favor actualize al seleccionar "cambio"
- ✓ Las areas se pondrán en blanco y permitirán que nueva información sea ingresada

	Student Demographics	
		Notes
Parent/Guardian	Parent	This field is used to address mailings from the school if applicable.
Primary Phone	(714) 123-4567	
Student's Mobile		
Parent Highest Education Level	College Graduate	
Court	Yes ᅌ	
Ins.	Yes ᅌ	
InsNam	Blue Shield	
ASC	Yes ᅌ	
ASCNam	Other	
	Save Cancel	

La nueva información se solicita la siguiente manera:

- Court: ¿Tiene usted algún papeleo legal por la custodia / tutela? Por favor, seleccione Sí o No. Si la respuesta es sí, por favor asegúrese de que la oficina de la escuela tiene una copia de los documentos legales según sea necesario.
- ✓ Ins. (Insurance): ¿Tiene seguro médico? Por favor, seleccione Sí o No
- ✓ InsName (Insurance Name): Por favor, seleccione el que seguro que tenga.
- ASC (After School Care): ¿Tiene su hijo asista a un programa de cuidado después de la escuela? Por favor, seleccione Sí o No.
- ASCNam (After School Care Name): Por favor seleccione el programa después de la escuela que asiste su hijo.

Después de introducir toda la información

- ✓ Seleccione Guardar
- ✓ Después seleccione

Contactos

La pantalla de **Contactos** le permitirá ver cada existente o agregar nuevos contactos para su estudiante. Por favor proporcionar los siguientes contactos mínimos.

1) Información de contacto para cada Padre o Tutor

2) Información de dos contactos adicionales para las personas que pueden ser contactados en caso de emergencia.

Para actualizar un contacto existente:

Name	Address	Relation
Parent Len	nox 1234 ABC Drive	Mother
	10/12017/200 200	
Change	Add	✓ Seleccione Cambio
change		
	,	
	Contact Detai	Notes
Name	Parent Lennox	This field is used to address mailings from the school if applicable.
Name Prefix		sea incorrecta
First Name	Parent	
Middle Name		
Last Name	Lennox	
Name Suffix		
Address	1234 ABC Drive	
	City: Anaheim State: CA Zip:	2804 -
Address Type	Home Address	
Relationship to	Mother	
Lives With Student?	Yes O	 Por lavor asegurese que un codigo
Code	Parent/Guardian 1	sea añadido a cada contacto. Esto
Mali Tag	Physician Contact Emergency Contact & Authorized for Pickup Out of State Contact Parent/Guardian 1 Parent/Guardian 2 Authorized for Pickup Restrained Contact	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	(714) 123-4567	
Work Phone Number		Por lavor asegurese de poner el
Cell phone number	(714) 222-2333	número de teléfono en el lugar
Pager		apropiado (es decir, teléfono (casa), el
Email Address	Email Address is Locked	trabajo o celular)
Employer Name		
Employer Location		
	Save	✓ Seleccione Guardar cuando termine

Por favor tenga en cuenta que si aparecen como contactos de emergencia, recibirán todas las llamdas de emergencias.

Para añadir un nuevo contacto:

- ✓ Seleccione Añadir nueva forma se abrirá (como arriba)
- ✓ Ingrese toda la información de contacto (como se señaló anteriormente)
- ✓ Seleccione Guardar
- ✓ A continuación, seleccione

Confirm and Continue

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Historial Médico

La pantalla **Historial Médico** le permitirá ver las condiciones médicas actuales y actualizarlas si es necesario, así como agregar cualquier Condiciones Médicas NUEVAS.

Para actualizar una condición existente:

Medical History and Current Medical Conditions							
Condition	Effective Da	ate	Age	Grade	Comment		
Allergy	03/01/2016		6	1	5/18/2016: Peanut Allergy	No Longer Applies	

- ✓ Cualquier campo que tiene un fondo blanco puede ser actualizada.
- Si va a realizar cualquier comentario adicional, por favor <u>asegúrese de poner la fecha</u> en la que está añadiendo el comentario.
- ✓ Si la condición ya no se aplica seleccione el botón de "ya no aplica".

Para añadir condiciones nuevas o adicionales:

Additional Conditions						
Please Check All That Apply						
Allergy - Environmental		Epinephrine Auto Injecto	Epinephrine Auto Injector PE/Activity Restrictions			
Allergy - Food		Hearing	Seizures/ Epilepsy			
Allergy - Medication		Meds in office	Skin Condition			
Allergy - Seasonal		Meds at home	Tubes in ears			
Effective Date:	05/18/2016					
Age:	0					
Grade:	0					
Comment:		h				
🗆 Asthma		Other - see comments	Wears glasses			
Chronic Health Issue						
Save						

- ✓ Seleccione la caja apropriada para la Condición Médica
- ✓ Se usará la fecha de hoy com fecha efectiva pero puede ser actualizada.
- ✓ Ingrese toda información relevante
- ✓ Seleccione Guardar
- ✓ Después seleccione

Documentos

La pantalla de **Documentos** le proporcionará varios documentos que usted necesita revisar. Usted puede descargar y gurdar en su computadora o se pueden acceder en cualquier tiempo en el sitio web del Distrito Escolar Savanna.

Documents	
 Annual Notice Please review and print out as needed. Note this document will be available through the year on the District website. Por favor revisar e imprimir según sea necesario. Nota que este documento estará disponible durante todo el año en el sitio web del distrito. 	
 Cerritos Handbook Please review and print out as needed. Note this handbook will be available throughout the year on the Cerritos website. Por favor revisar e imprimir según sea necesario. Nota que este manual estará disponible durante todo el año en el sitio web de Cerritos. 	
Insurance Information Information about health coverage is attached. Por favor imprima y llene la encuesta adjunta lengua.	

Después que haya leído los documentos, seleccione la **caja** de Confirmación al lado derecho de la pantalla.

✓ Después seleccione

Autorizaciones

La pantalla de Autorizaciones y Prohibiciones mostrará notificaciones importantes del distrito para que usted lea y revise.

Description	Status			
Annual Notice I have read and accepted the District Annual Notification of Rights as required by Education Code 48982. I am aware that the District Annual Notifications to Parents/Students is online: <u>Click Here</u>	🛛 I Acknowledge			
Parent/Student Handbook I/We have read and accept the School Parent/Student Handbook information, including but not limited to Attendance, Safety, Health Services, Nutritional Guidelines, Dress Code, Student Behavior, Rules, Discipline Polices, Visitation, and Internet Use policies. I am aware that the School Parent/Student handbook is online: <u>Click Here</u>	I Acknowledge			
Use the Internet I/We have read and accepted the Internet Use Policy and Agreement. I have read and agree to adhere to the Parent/Student Internet Use Policy. I understand that (I am, my student) is expected to act in a responsible manner and follow all guidelines regarding use of the school's technology resources, and that all privileges on such systems can be revoked for violations of the policy. I am aware that the Internet Use Policy and Agreement is online: <u>Click Here</u>	☑ I Acknowledge			
School Marquee I give permission for my student's name to be displayed on the student marquee.	🗹 Allow 🗌 Deny			
Medical Emergency In the event of a medical emergency (and at parent's expense), I give the school authority to call 911 on my behalf, and/or to have the child seen by another licensed physician?	🗹 Allow 🗌 Deny			
Medical Information Shared with Staff I give permission for my child's medical information to be shared with appropriate school staff as necessary.	🗹 Allow 🗌 Deny			
Photo/Video Release I give permission for use of photographs/video of my child in connection with school activities by District staff or PTA.	Allow 🗌 Deny			
Electronic Device I give permission for my child to bring an electronic device to school. I have read the information regarding the use of electronic devices and discussed the rules with my child.	🛛 Allow 🗌 Deny			
Release of Student Transcripts I give permission to the District to release my child's transcripts electronically to Anaheim Union High School if they are entering 6th grade.	🛛 Allow 🗌 Deny			
Photo/Video Use on District Website/PTA I give permission for use of photographs of my child in connection with school activities to be placed on the School's website.	🗹 Allow 🗌 Deny			
Save				
✓ Después seleccione Confirm and Continue				

 ✓ Seleccione en el estadi de todas las Autorizaciones enumeradas

 ✓ Debe seleccionar un estado para cada autorización enumerada que se muestra

✓ Seleccione Guardar

Confirmación de Datos Final

Confirm and Continue

La pantalla de **Confirmación de Datos Final** requiere que confirme que toda la información de cada sección sea correcta

Si es correcta seleccione **Confirmar y Continuar**

En este momento su estudiante está registrado para el Año Escolar 2018-19.

Puede imprimir una copia de la tarjeta de emergencia para sus archivos si necesita.

Por favor tenga en cuenta que durante la primera semana escolar una copia de la tarjeta de emergencia será enviada a casa por su firma

Es importante que la devuelva a la escuela lo más pronto posible.