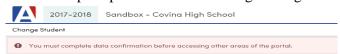
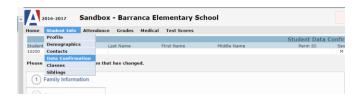
Online Data Confirmation

Enter your Parent Portal account.

You will be prompted with the following message below.



If no pink message appears, select over **Student Info** tab and down to **Data Confirmation**. If available, you will be able to continue with the Data Confirmation process.



Begin the Online Data Confirmation process:

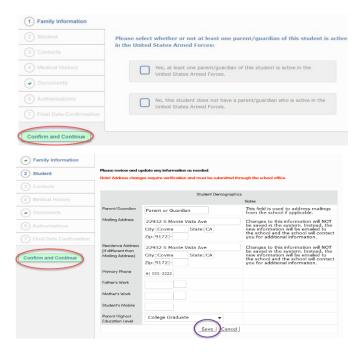
- (1) Family Information
 - Check the approriate boxes for the survey questions listed.
 - When completed, select **Confirm and Continue** button.

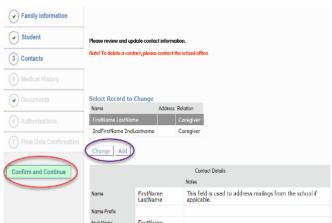
(2) Student

- Please review and update any information that has changed.
- NOTE: Address Changes require proof of residence submission to school office.
- To make a change, select the Change button. Make all necessary changes and select the Save button.
- When completed, select Confirm and Continue button.

(3) Contacts

- Please review and update any information that has changed.
- To make a change, select the record to change from the list, followed by the **Change** button.
 Make all necessary changes and select the **Save** button.
- To add a new contact, select the Add button.
 Input the information and select the Save button.
- To remove a contact from your list, contact school office.
- When completed, select Confirm and Continue button.





(4) Medical History

- Please review and update any health concerns or conditions.
- To remove an existing item, click on the No Longer Applies button and click the Save button.

Family Information

Student

Contacts

4 Medical History

- To add an item, click the check box next to the condition, enter age, grade, comments and click the Save button.
- When completed, select Confirm and Continue button.

(5) Documents

For this item, select **Confirm and Continue button.**

✓ Family Information ✓ Student ✓ Contacts ✓ Medical History ✓ Documents ⑥ Authorizations ⑦ Final Data Confirmation Confirm and Continue

Medical Data Saved at 4/4/2018 2:53:46 PM

Condition

Special Medical

Condition (List in comments)

Glasses/Contacts

Seizures/Epilepsy

Bee Sting

Diabetic

Asthmatic

Heart Condition

Allergies (List in comments)

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

Effective Date Age Grade

Current Medication (List in comments) Bleeding disorde

01/01/2018 🛱 0

Medical History and Current Medical Conditions

Save

Please Check All That Apply

Hearing Aids

Hearing Loss

Hayfever

Headaches

Save

ADD, ADHD, Autism

0

Comment

No Longer Appl

Skin condition

Inhaler

Epi-Pen

Nebulizer

Glucagon

Orthopedic impairment Other (List in comments)

Can not drink milk

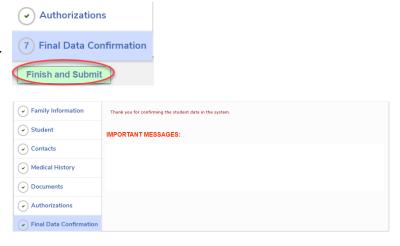
(6) Authorizations

- Please review and update any information.
- To add/update check the appropriate box and click the **Save** button.
- When completed, select and Confirm and Continue button.

Please check and update as necessary. To view and/or download a copy of the documents pertaining to these questions, click the link below. Contacts Medical History Documents Parent consent of Acceptable Use Policy Consent for student to use technology and internet as described in the Internet and Technology and control of the Consent for student to be photographed, videotaped and/or recorded by Covins Valley Unified School District or any other association connected with Covina-Valley Unified School District Response Required Save

(7) Final Data Confirmation

- Prior to completing the process, please review the information on the previous tabs.
- When done reviewing, select the Finish and Submit button. Lastly, review any important messages that may be available.



If you are having problems with your Online Data Confirmation process, please contact your school office for assistance.