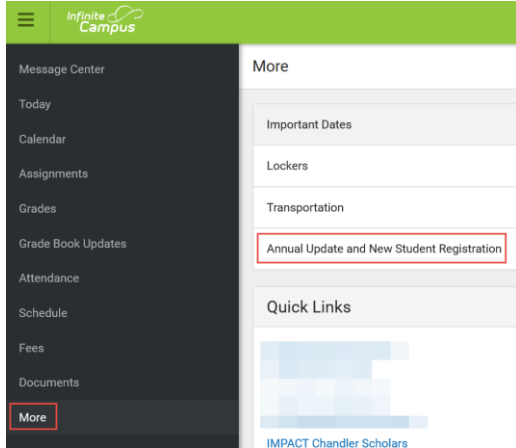


## Annual Update for Emergency Cards

Login to your parent portal account ([click here](#))

Click on “More”

Click on “Emergency and Health Update”



Verify your student(s) names are listed and click “Begin Registration” (If you don’t see all of your students, please contact the registrar at one of the schools to check the household info)

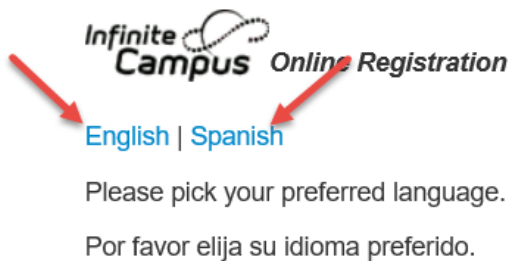
Welcome to the Chandler Unified School District's Student Emergency Health and Medical History Update. You will see the household, parent/guardian and emergen please make sure to bring proper proof of residency to your child's school registrar.

Student Name	Grade	Included in new App?	Reason if not included	Emergency and Health Update Submitted
Child's Name	KG	yes	Included	no

Registration Year: 19-20

[Begin Registration](#)

Choose English or Spanish and then click “Begin”



Type your name in the box, sign on the line, and click “Submit”



Welcome  Please type in your first and last name in the box below.

By typing your name into the box below you attest that you are the person authenticated into this application or an authorized user of this account, and the data you are entering/verifying is accurate and true to the best of your knowledge.

Please sign on the line below. Please type your name

Sign with your mouse or finger

Click “Begin”



[English](#) | [Spanish](#)

**This process is for updating EXISTING students.**

Before you begin, please gather the following:

- Household information -- address and phone numbers
- Parent/Guardian information -- work and cell phone numbers, email addresses
- Student information -- demographic and health information
- Emergency Contact -- phone numbers
- Proof of Residency -- for address changes

**Note:** Required fields are marked with a red (\*) asterisk, and the district will receive should be entered as MM/DD/YYYY and phone numbers as xxx-xxx-xxxx.

If you need assistance, please call your child's school during business hours.

**Friendly Reminder:**

**You must click “Next” through every pleat in order to move on to the next section of the application.**

## Student(s) Primary Household Section

\* Indicates a required field

▼ Student(s) Primary Household ▶ Parent/Guardian ▶ Emergency Contact ▶ Student ▶ Completed

▼ Home phone

Home Phone ( ) - \*

Next ▶

All information is what we currently have in our system for your family. If you have any changes, please make them at this time. If you have no changes, please click "next". You must look at every pleat in order to move on to the next screen

▶ Home Address

▶ Mailing Address

Save/Continue

\* Indicates a required field

▼ Student(s) Primary Household ▶ Parent/Guardian ▶ Emergency Contact ▶ Student ▶ Completed

▶ Home phone

▼ Home Address

Your address as listed in the portal

your address will be listed here

The home address listed is no longer current

If you are changing your address or enrolling for the first time, please bring in your proof of residency to the school office.  
[Residency Information](#)

Click "next" if there are no changes

◀ Previous Next ▶

▶ Mailing Address

Save/Continue

If you have moved over the summer, please provide proper documentation to your child's registrar. Your application cannot be approved until they have received your proof of residency.

\* Indicates a required field

If you have moved, follow these screen shots to change your address

▼ Student(s) Primary Household    ⌂ Parent/Guardian    ⌂ Emergency Contact    ⌂ Student    ⌂ Completed

▶ Home phone

▼ Home Address

The home address listed is no longer current

Please enter the date that the mailing address became inactive for this household.  \*

Your address as listed in the portal your address will be listed here

Date you left your previous address

\*Please verify or add the information below. Please update any information that is incorrect.

Number \*    Prefix    Street Name \*    Tag    Direction    Apartment

City \*    State    Zip \*    Ext.    County

Clear Address Fields

Click on your address if it appears in box

Add new address in this section

Your address as entered above

If you are changing your address or enrolling for the first time, please bring in your proof of residency to the school office.

Residency Information

◀ Previous    Next ▶

\* Indicates a required field

▼ Student(s) Primary Household    ⌂ Parent/Guardian    ⌂ Emergency Contact    ⌂ Student    ⌂ Completed

▶ Home phone

▶ Home Address

▼ Mailing Address

Please use the address editor below to enter your address. You will see the formatted postal address below in the viewer. Once your address appears as it should on U.S. Postal Mail, please click "Save".

The household has no separate Mailing Address

Leave this box checked if your mail address is the same as your home address

◀ Previous

Save/Continue

Uncheck the "household has no separate mailing address" checkbox if you would like your mail to be delivered somewhere other than the home address. Please enter the information as accurately as possible. Please use proper spelling and capitalization.



\* Indicates a required field

▼ Student(s) Primary Household    ◯ Parent/Guardian    ◯ Emergency Contact    ◯ Student    ◯ Comp

▶ Home phone

▶ Home Address

▼ Mailing Address

Please use the address editor below to enter your address. You will see the formatted postal address below in the viewer. Once your address appears as it should on U.S. Postal Mail, please click "Save".

The household has no separate Mailing Address

Post Office Box	Number	Prefix	Street Name	Tag	Direction	Apartment
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	City	State	Zip	Ext.	County	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

Clear Address Fields

Click on your address if it appears in box

Your address as entered above

◀ Previous

Save/Continue

Use this page if you are adding a different mailing address than your home address



## Parent/Guardian Section

All areas highlighted in yellow will need your attention.

\* Indicates a required field



### Parent/Guardian

First Name	Last Name	Gender	Completed	Record Type	
[Redacted]	[Redacted]	F		Existing	<a href="#">Edit/Review</a>

Please list all primary Parent/Guardian's in this area.

**Yellow** - Indicates that person is missing required information. Select the highlighted row to continue.

**Green** - Indicates that person is completed.

[Add New Parent/Guardian](#)  
[Back](#) [Save/Continue](#)

Information that has been auto populated has been imported from what you have previously provided to your child's school.

\* Indicates a required field



Parent/Guardian Name: [Redacted]

**Demographics**

Enter the parent/guardian you wish to enter. Please review and complete the following:

First Name [Redacted] \*

Middle Name [Redacted]

Last Name [Redacted] \*

Suffix [v]

Birth Date [Redacted]

Gender Female [v] \*

Please check this box if this person lives at the address listed below.

[Redacted Address]

[Next >](#)

**Contact Information**

[Cancel](#) [Save/Continue](#)

\* Indicates a required field

✓ Student(s) Primary Household   ▾ Parent/Guardian   ⌂ Emergency Contact   ⌂ Student   ⌂ Completed

Parent/Guardian Name: [Redacted]

Demographics

Enter the parent/guardian you wish to enter. Please review and complete the following:

First Name [Redacted] \*  
Middle Name [Redacted]  
Last Name [Redacted] \*  
Suffix [Redacted]  
Birth Date [Redacted]  
Gender [Redacted] \*

Please check this box if this person lives at the address listed below.

If there has been a recent change in your household you can either provide the new address for a parent or check the box stating that you are not providing a new address.

I will not provide an address for this parent.

Number [Redacted] \*   Prefix [Redacted]   Street [Redacted] \*   Tag [Redacted]   Direction [Redacted]   Apartment [Redacted]  
City [Redacted] \*   State [Redacted]   Zip [Redacted] \*   Ext. [Redacted]   County [Redacted]

Clear Address Fields  
Click on your address if it appears in box  
Phone Number ( ) - -

Next >

Contact Information

Cancel   Save/Continue

It is important for us to have at least one parent email on file.

\* Indicates a required field

✓ Student(s) Primary Household   ▾ Parent/Guardian   ✓ Emergency Contact   !

Parent/Guardian Name: [Redacted]

Demographics

Contact Information

Enter the contact information and how you'd prefer to receive the different types of messages we will send you.

Cell Phone ( ) - -  
Work Phone ( ) - - x  
Other Phone ( ) - - x  
Email \* [Redacted]  
or  
Has no e-mail   
Secondary Email [Redacted]

Please make sure to have at least one email address for at least one parent in the household

< Previous   Next >

\* Indicates a required field

✓ Student(s) Primary Household
▼ Parent/Guardian
✓ Emergency Contact
! Student
Completed

**Parent/Guardian Name: Ciji Rae Yungdahl**

Demographics

Contact Information

**Military Connections**

Is this parent/guardian active military (Army, Navy, Air Force, Marine Corps, Coast Guard, National Guard)?

The term 'Active Duty' is federally defined as full-time duty in the active military service of the United States (Section 200.30(f)(1)(iv) of ESSA). Active military service includes but is not limited to full-time training duty, annual training duty, and attendance, while in the active military service, at a school designated as a service school by law or by the secretary of the military department in which the member serves.

Yes  
 No

<https://www2.ed.gov/policy/elsec/fele/essa/essaaccountstplans1129.pdf>

\* Indicates a required field

✓ Student(s) Primary Household
▼ Parent/Guardian
✓ Emergency Contact
! Student
Completed

**Parent/Guardian Name: Ciji Rae Yungdahl**

Demographics

Contact Information

Military Connections

**Parent Education**

Did this parent/guardian graduate from a four-year college or university?

Yes  
 No  
 I prefer not to answer

\* Indicates a required field

✓ Student(s) Primary Household
▼ Parent/Guardian
✓ Emergency Contact
! Student
Completed

Parent/Guardian

First Name	Last Name	Gender	Completed	Record Type	
		F	✓	Existing	<input type="button" value="Edit/Review"/>
		M	✓	Existing	<input type="button" value="Edit/Review"/>

Please list all primary Parent/Guardian's in this area.

- Yellow** - Indicates that person is missing required information. Select the highlighted row to edit.
- ✓ - Indicates that person is completed.

Once there is a check mark in the "Completed" box and it's no longer highlighted yellow, you are done with the parent/guardian section.



## Emergency Contact Section

You can add and remove emergency contacts. Please make sure to have at least one emergency contact on file if we are unable to reach a parent or guardian.

\* Indicates a required field



### Emergency Contact

First Name	Last Name	Gender	Completed	Record Type	Remove Existing Contact	
[Redacted]	[Redacted]	M		Existing		<input type="button" value="Edit/Review"/>
[Redacted]	[Redacted]	F		Existing		<input type="button" value="Edit/Review"/>

In AN EMERGENCY, if parent/guardian cannot be contacted, please call one of the following Emergency Contacts listed. Proper identification will be required before a student is released to emergency contacts.

**Yellow** - Indicates that person is missing required information. Select the highlighted row to continue.

- Indicates that person is completed.

\* Indicates a required field



Contact Name: [Redacted]

▼ Demographics

Please complete the following information for each emergency contact for your students.

First Name  \*

Middle Name

Last Name  \*

Suffix

Birth Date

Gender  \*

This person is no longer an Emergency Contact for any students in this family.

▶ Contact Information

\* Indicates a required field



Contact Name: [Redacted]

Demographics

Contact Information

Enter the contact information for this emergency contact.

At least one Phone Number is required.\*

Home Phone ( ) - -

Cell Phone ( ) - -

Work Phone ( ) - - x

Email

Previous

Cancel Save/Continue

\* Indicates a required field



Contact Name: [Redacted]

Demographics

Please complete the following information for each

First Name [Redacted]

Middle Name [Redacted]

Last Name [Redacted]

Suffix [v]

Birth Date

Gender Male [v]\*


This person is no longer an Emergency Contact

Warning

By checking this box you will not be required to complete any forms for this person and you will deactivate this person as an Emergency Contact for any current students in the family. If you wish to deactivate, please check OK.

Confirm Cancel

**You can add a new Emergency Contact**

**Add New Emergency Contact** 

**Back**   **Save/Continue**



\* Indicates a required field

✓ Student(s) Primary Household   ✓ Parent/Guardian   **▼ Emergency Contact**   ⓧ Student

**Contact Name:**

**▼ Demographics**

Please complete the following information for each emergency contact for your students.

First Name \*

Middle Name

Last Name \*

Suffix  ▼

Birth Date  [Q]

Gender  ▼\*

**Next** ▶

**▶ Contact Information**

**Cancel**   **Save/Continue**



\* Indicates a required field

✓ Student(s) Primary Household   ✓ Parent/Guardian   **▼ Emergency Contact**   ⓧ Student

**Contact Name:** [REDACTED]

**▶ Demographics**

**▼ Contact Information**

Enter the contact information for this emergency contact.

At least one Phone Number is required.\*


Home Phone  ( ) - -

Cell Phone  ( ) - -

Work Phone  ( ) - - x

Email

**◀ Previous**

**Cancel**   **Save/Continue** 

# Student Section

\* Indicates a required field



## Student

First Name	Last Name	Gender	Completed	Record Type	
[Redacted]	[Redacted]	M		Existing	<a href="#">Edit/Review</a>

Please include all students that need to be enrolled.

**Yellow** - Indicates that person is missing required information. Select the highlighted row to continue.

**Green** - Indicates that person is completed.

If you have more than one student, you will need to edit/review all of them to complete the online annual update.

[Add New Student](#)  
[Back](#) [Save/Continue](#)

\* Indicates a required field



Student Name:

### Demographics

There will be a few steps for each student you enter. The first is general demographic information. Please verify or add the information below. Please update any information that is incorrect. Please enter the student's name exactly as it appears on the birth certificate. If your student has two last names, please enter both in the box marked "last name". Please enter both names without a dash in between.

Legal First Name	<input type="text"/>	*	Gender	Male <input type="text"/>	*	Enrollment Grade	03 <input type="text"/>	*
Legal Middle Name	<input type="text"/>		Birth Date	<input type="text"/>	*	Birth City	<input type="text"/>	
Legal Last Name	<input type="text"/>	*	Date Entered U.S.	<input type="text"/>		Birth State	<input type="text"/>	
Suffix	<input type="text"/>					Birth Country	<input type="text"/>	
Nickname	<input type="text"/>					Enrolled School:	<input type="text" value="Current Enrollment"/>	
Student Email Address	<input type="text"/>							

[Next](#)

- ▶ Race Ethnicity
- ▶ Families in Transition
- ▶ Relationships - Parent/Guardians
- ▶ Relationships - Emergency Contacts
- ▶ Health Services - Health Information
- ▶ Do Not Release
- ▶ Parent/Guardian Acknowledgements

[Cancel](#) [Save/Continue](#)

\* Indicates a required field



Student Name: [Redacted]

Demographics

Race Ethnicity

Is Hispanic/Latino  No  \*

\*Please check all that apply. If not Hispanic, at least one is required.

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

Information cannot be changed as it is imported from information you have previously provided the registrar at your child's school. If you need to make changes, please contact your registrar.

◀ Previous   Next ▶

Families in Transition

Are you currently living with a relative or friend due to financial hardship?

- Yes
- No

Are you in living in a shelter, car, or in an unstable living situation?

- Yes
- No

Please answer both questions.

◀ Previous   Next ▶

▼ Relationships - Parent/Guardians

**Per FERPA, only legal guardians should have these boxes checked (guardian, mailing, portal, and messenger). If you have checked any of these boxes, you should have proof of legal guardianship provided to the school. This information will be verified by your school.**  
At least one person must be marked as 'Guardian'.

Name	Relationship*	Guardian	Mailing	Portal	Messenger	Additional Household	or	No Relationship
[REDACTED]	FATHER	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>

Description of Contact Preferences

**Guardian** - Marking this checkbox will flag this person as legal guardian to the student.

**Mailing** - Marking this checkbox will flag this person to receive mailings for the student.

**Portal** - Marking this checkbox will flag this person as a portal account, and this person will be able to view student information within the portal for this student.

**Messenger** - Marking this checkbox will flag this person to receive messages from the District's messenger system.

**Additional Household** - Marking this checkbox will indicate that the student has an additional household membership with this person

**No Relationship** - Marking this checkbox will indicate that this person does not share a relationship to the student. By checking this checkbox you are indicating that this person no longer has a relationship to the student. The relationship will be ended if one exists.

◀ Previous Next ▶

▼ Relationships - Emergency Contacts

A minimum of (1) Emergency Contacts are required\*

Name	Relationship*	or	No Relationship
[REDACTED]	[REDACTED]		<input type="checkbox"/>
[REDACTED]	[REDACTED]		<input type="checkbox"/>
[REDACTED]	AUNT		<input type="checkbox"/>
[REDACTED]	EMERGENCY		<input type="checkbox"/>
[REDACTED]	EMERGENCY		<input type="checkbox"/>
[REDACTED]	EMERGENCY		<input type="checkbox"/>

Description of Contact Preferences

**No Relationship** - Marking this checkbox will indicate that this person does not share a relationship to the student. By checking this checkbox you are indicating that this person no longer has a relationship to the student. The relationship will be ended if one exists.

◀ Previous Next ▶

▼ Relationships - Other Household

Name	Relationship*	or	No Relationship
[REDACTED]	SIBLING		<input type="checkbox"/>

Description of Contact Preferences

**No Relationship** - Marking this checkbox will indicate that this person does not share a relationship to the student. By checking this checkbox you are indicating that this person no longer has a relationship to the student. The relationship will be ended if one exists.

◀ Previous Next ▶

▼ Health Services - Health Information

By checking this box, I certify that this student has no existing medical or mental health conditions

or

Add Condition

My child uses an inhaler

- Yes  
 No

If this answer is yes, it will bring up the question below

Check if no medical conditions

Please click [here](#) to download/print the required form(s) and provide to your child's school.

My child has permission to self-carry an asthma inhaler.

- Yes  
 No

My child uses an epinephrine auto-injector (EpiPen)

- Yes  
 No

If this answer is yes, it will bring up the question below

Please click [here](#) to download/print the required form(s) and provide to your child's school.

My child has permission to self-carry an epinephrine auto-injector (EpiPen)

- Yes  
 No

I hereby request and give my permission for acetaminophen to be administered according to standing orders and package directions:

- One (1) tablet for students 6-11 years old. Only one dose per day.
- Two (2) tablets for students 12 years and over. Only one dose per day.
- Acetaminophen will not be administered to students 5 years and younger.
- Tablets will not be crushed.

- Yes  
 No

[Please click here for the Medication Administration Policy for 2019/2020](#)

I agree that in the case of serious injury, my child will be taken to the nearest hospital by ambulance if necessary, and emergency care will be provided there until I can be contacted. **ANY EXPENSE OR EMERGENCY TRANSPORTATION AND/OR TREATMENT SHALL BE MY SOLE RESPONSIBILITY.** I also understand that it is my responsibility to provide the school with any personal or emergency changes that occur during the school year.

Emergency Transportation

Please check this box

[Please click on this link for CUSD Health Services.](#)

◀ Previous   Next ▶

▼ Do Not Release

PLEASE DO NOT RELEASE MY CHILD TO THE PERSON(S) LISTED BELOW.

Please list full names and provide the school with court orders or restrictions orders (unless already on file):

Full Name:

Full Name:

◀ Previous   Next ▶

▼ Parent/Guardian Acknowledgements

**Acknowledgement of Handbook and School Rules**

\* I have received information, understand and accept the responsibilities in the agenda including:

- Student Code of Conduct
- Attendance Procedures
- Student Dress Code
- Internet Usage Agreement
- BYOT Responsible Use Agreement
- Transportation Policy
- Parent and Student Transportation Agreement
- School Insurance Information

[Handbooks and Course Catalogs](#)

**Media Release**

Our child's photograph **may** be used for official school publicity which may include the school newsletter or website, district

- Yes
- No

**Yearbook Release**

Our child's photograph **may** be used in the school yearbook.

- Yes
- No

Please answer all questions.  
Note: Yearbook was separated from Media Release this year

**Internet Permission**

Our son/daughter **may** participate in internet activities.

- Yes
- No

**Student Confinement; Parent Notification and Consent**

Please indicate your agreement or disagreement for confinement during the current school year in the event it becomes ne him/herself or others. I have read this notification and agree/disagree to the following:

- Yes, I **agree** to allow the District to confine my child for disciplinary purposes.
- No, I **do not** agree to allow the District to confine my child for disciplinary purposes.

**Residency Affirmation**

Please chose only one option below:

- I affirm that the residency information on this report is current, and there are no changes.
- There are changes and I have updated the information.

**By signing below, I affirm all of this information is correct and I acknowledge responsibilities for the information.**

\_\_\_\_\_

Clear

← Previous

Cancel

Save/Continue





\* Indicates a required field

✓ Student(s) Primary Household
✓ Parent/Guardian
✓ Emergency Contact
▼ Student
Completed

### Student

First Name	Last Name	Gender	Completed	Record Type	
		M	✓	Existing	<a href="#">Edit/Review</a>

Please include all students that need to be enrolled.

**Yellow** - Indicates that person is missing required information. Select the highlighted row to continue.

✓ - Indicates that person is completed.

Once there is a check mark in the "Completed" box and it's no longer highlighted yellow, you are done with the Student section.

[Add New Student](#)  
[Back](#) [Save/Continue](#)

### Completed Section

\* Indicates a required field

✓ Student(s) Primary Household
✓ Parent/Guardian
✓ Emergency Contact
✓ Student
▼ Completed

You must submit your application by clicking the following button.

[Submit](#)

PLEASE NOTE: Prior to submitting your application you may verify all of the data you have entered by going back to the area in question or click on the PDF link below. Your information is not submitted until you click the submit button above. You will receive an email notification that your application was received after clicking submit application.

REVIEW APPLICATION

[Back](#)

[Application Summary PDF](#)



\* Indicates a required field

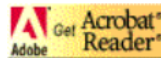


A screenshot of a web application interface. A yellow highlight is over the text 'You must submit your application by clicking on the Submit button'. Below it is a 'PLEASE NOTE' section. A 'Warning' dialog box is open in the center, asking 'Are you sure you that you are ready to submit this registration? You will not be able to enter and/or modify this information after submitting.' with 'Confirm' and 'Cancel' buttons. A red arrow points to the 'Confirm' button. An Adobe Acrobat Reader logo is visible at the bottom.

If you would like a copy of your application summary click on the PDF link when you get to the last page.

Thank you for completing Online Registration! For a PDF copy of the submitted data, please click the link below.

[Application Summary PDF](#)



Once you submitted your application, you will receive an email that it has submitted. Please do not reply to this email. If you have any questions, please contact your child's school. You will be updated through email as the registrar goes through all of the applications once the update window is closed. Should you have any changes after the window closed, you will need to go into your child's school and provide those details.

 Reply  Reply All  Forward  IM



campus@smtp2.cusd80.com



10:17 AM

**OLR Status - Status Change Notification**

Retention Policy 90 Day Retention Policy (90 days)

Expires 10/8/2017



Dear 

Thank you for participating in Chandler's Online Registration.

Your status is: Submitted-Existing

Application Number: 71

Thank you.