

Welcome to the Sulphur Springs Union School District!

The Sulphur Springs Union School District has transitioned over to the Aeries Student Information System. The Aeries Parent Portal requires an email address to access student data. The following free email providers are the most popular in our parent community:

- Gmail
- Yahoo
- Hotmail

Please go to the webpage below to pre-register your child online.

If you have any questions, please contact your school's office manager.

Webpage: <https://sulphursprings.asp.aeries.net/AIR/>

Once on the webpage choose your language

Welcome to Aeries Online Enrollment

Sulphur Springs Union School District



Welcome to the Sulphur Springs Union School District!

This site will allow you to start the process of pre-enrolling your child/children into the Sulphur Springs Union School District. We are pleased you have chosen our award winning schools as your partner in your child's education.

This is the first step in the registration process. After completing the online registration you will still be required to provide additional documentation to your assigned school to finalize the registration process. Information about the student, such as, Emergency Contacts, Medical and Language Information will be collected. Upon completion, the student's information is electronically sent to the school.

DO YOU LIVE IN OUR DISTRICT? [Click here](#)

If your address is NOT found in the Street Listing when you try to enroll, please call Pupil Services at 661-252-5131 to see if you need an Inter-District Transfer or to verify your address.

PLEASE NOTE: This Enrollment process is NOT for a student previously enrolled in any SSUSD school. This process is only for NEW students NEVER enrolled at SSUSD.

To pre-enroll your child using this system you MUST have a valid address within the Sulphur Springs Union School District boundaries.

To start pre-enrolling a new student click the "Enrolling A New Student" button.

If you would like to reprint or review students previously enrolled, click the Login button.

If you have questions about the registration process, please contact your home school or Imelda Saavedra at the district office at 661-252-5131.

Please note: enrollment is not complete until all verification documents are submitted to the school.

Language
 English Español

Please note: If you already have an account click Login. If this is the first time registering online click on Enroll A New Student

Language
 English Español

Login Enroll A New Student

Select the 2019-202 Enrollment option from the pull down under Year Selection if you're registering a child for this school year
Select the 2020-2021 Pre-Enrollment option from the pull down under Year Selection if you're registering a child for next school year.

Year Selection

Please select a year to enroll for

2020 - 2021, Pre-Enrollment ▼

For parents pre-enrolling for the 2020-2021 school year, please select the "2020-2021, pre-registration" option from the menu when registering.

Create your user account or log in to your existing user account

Login

If you have previously used this website to enroll a student for this district, you may login as an existing user. If this is your first time here, Please provide your email address and a password to create a new account.

<h4>Existing user</h4> <p>Email address</p> <input style="width: 90%;" type="text"/> <p>Password</p> <input style="width: 90%;" type="password"/> <div style="background-color: #0056b3; color: white; padding: 5px; text-align: center; margin-top: 5px;">Login</div> <p style="font-size: x-small; margin-top: 5px;">Forgot Password</p>	<h4>Create new account</h4> <p>Your Name</p> <input style="width: 90%;" type="text"/> <p>Email address</p> <input style="width: 90%;" type="text"/> <p>Password</p> <input style="width: 90%;" type="password"/> <p>Re-type Password</p> <input style="width: 90%;" type="password"/> <div style="background-color: #0056b3; color: white; padding: 5px; text-align: center; margin-top: 5px;">Create account</div>
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Check the box next to I agree to Agree to Terms of Service then click next

Terms of Service

Please review the Terms of Use and click "I agree" to continue.
You affirm that all information you will enter is true to the best of your knowledge.
You acknowledge that your child's registration is not complete until the required verification documents are submitted and accepted at your assigned school.

I agree

Next

Fill out your child's legal first middle, last name along with your child's birthday. Click on next.

Student's Name

Student's legal first name <input type="text"/> Please enter the student's first name	Student's nick name (optional) <input type="text"/>
Student's legal middle name <input type="text"/>	Student's legal last name <input type="text"/> Please enter the student's last name
Student's suffix -	
Student's Birthdate Month <input type="text"/> Day <input type="text"/> Year <input type="text"/> Age: 4	Students born between September 2 and December 2, 2015 are eligible for Transitional Kindergarten. Students born on or before September 1, 2015 are eligible for Kindergarten.
Please select a grade level or program to enroll this student in <input type="text" value="Select Grade Level or Program"/> Please select a grade or program	

[Next](#)

The grade level will automatically fill in for the appropriate grade.

Complete the student address. Click next

Student Address

Resident Address

Street Address

Unit or Apartment Number

City

Student's Home ZIP Code
-

State Student lives in

Use residence address above as mailing address?
 Yes
 No, use a different address for mail

[Next](#)

This will take you to your student's assigned school. Click on Next

Student Address

Congratulations! Based on the information you provided you are eligible to enroll for school using this website. Based on grade and address information you are assigned to the following school

Assigned school
Community School (Transitional Kindergarten - Sixth Grade)

[Next](#)

An Enrollment Record has been added. Click next to process the remainder of the required information. This process will require approximately 15-30 minutes. If you're unable to complete this process in one sitting you may save your progress and resume the process at a later time by logging into your account using your email address and password.

New Enrollment Added

A new enrollment for [redacted] has been added to your account.

i The remainder of the process will require approximately 15-30 minutes. If you are unable to complete this process in one sitting, you may save your progress and resume the process at a later time by logging into your account using your email address and password.

Click next to continue entering information for this student.

[Next](#)

General Student Information

General Student Information

Student's gender:

Student's home phone number:

Student's mobile phone number:

The following two questions are required by federal law **i**

Is this student Hispanic or Latino?

No, not Hispanic or Latino

Yes, Hispanic or Latino

What is the race of this student? You may select up to five.

<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Chinese
<input type="checkbox"/> Japanese	<input type="checkbox"/> Korean
<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Asian Indian
<input type="checkbox"/> Laotian	<input type="checkbox"/> Cambodian
<input type="checkbox"/> Hmong	<input type="checkbox"/> Other Asian
<input type="checkbox"/> Hawaiian	<input type="checkbox"/> Guamanian
<input type="checkbox"/> Samoan	<input type="checkbox"/> Tahitian
<input type="checkbox"/> Other Pacific Islander	<input type="checkbox"/> Filipino
<input type="checkbox"/> Black or African American	<input type="checkbox"/> White
<input type="checkbox"/> Intentionally Left Blank	

What is the highest parent education level?

[Next](#)

Language Information

Language Information

The California Education Code requires schools to determine the language or languages spoken at home by each student. Please answer the following questions by selecting the appropriate language.

Which language did your child learn when he/she first began to talk?

Which language does your child most frequently speak at home?

Which language do you (the parents or guardians) most frequently use when speaking with your child?

Which language is most often spoken by adults in the home? (parents, guardians, grandparents, or any other adults)

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Parent Information

Parent Information

Please provide information about parents/guardians who live with the student. Information about parents/guardians who do not live with the student will be collected in the next step.

Parent/Guardian #1

First Name	Last Name
<input type="text"/>	<input type="text"/>
Relationship to student	Do you want this contact to have portal access?
<input type="text" value="Select Relationship"/>	<input type="text" value="Choose an option"/>
Email address	Does this parent/guardian live with the student?
<input type="text"/>	<input type="text" value="Choose an option"/>
Mailing Name	
<input type="text"/>	
Address	
<input type="text"/>	
City	State
<input type="text"/>	<input type="text" value="Select State"/>
ZIP Code	Primary phone number
<input type="text"/>	<input type="text"/>
Cell phone number	Work phone number
<input type="text"/>	<input type="text"/>
Extension	Alternate phone number
<input type="text"/>	<input type="text"/>
Employer Name	Employer Address
<input type="text"/>	<input type="text"/>

Parent/Guardian #2

First Name	Last Name
<input type="text"/>	<input type="text"/>
Relationship to student	Do you want this contact to have portal access?
<input type="text" value="Select Relationship"/>	<input type="text" value="Choose an option"/>

Restrained Individual

Restrained Individual

Please provide as much information about the restrained person as possible.

Is there an individual who is restrained from contact with this student by court decree?

No, there is not an individual restrained by court decree

Yes, an individual is restrained by court decree

Emergency Contacts

Emergency Contacts ▼

Please provide up to four emergency contacts other than the parent/guardian entered on the previous screens.

Emergency Contact #1

First Name <input type="text"/>	Last Name <input type="text"/>
Relationship to student Select Relationship ▼	
Mailing Name <input type="text"/>	
Address <input type="text"/>	
City <input type="text"/>	State Select State ▼
ZIP Code <input type="text"/>	Primary phone number <input type="text"/>
Cell phone number <input type="text"/>	Work phone number <input type="text"/>
Extension <input type="text"/>	Alternate phone number <input type="text"/>
	Employer <input type="text"/>
Employer Address <input type="text"/>	

Health Survey

Health Survey ▼

Please provide a list of any medical conditions this student has by selecting a medical condition from the drop down selection and click add. You may provide additional information about the condition in the comment area.

Add A Medical Condition

Medical Condition Select medical condition ▼
Comments Enter any comments or notes regarding this condition here. <input style="width: 100%; height: 20px;" type="text"/>
<input type="button" value="Add"/>

Other District Enrollments

Other District Enrollments

Previous School #1

Enter Date Month ▼ Day ▼ Year ▼	Leave Date Month ▼ Day ▼ Year ▼
Enter Grade Select Grade Level ▼	Leave Grade Select Grade Level ▼
District Contact Name <input type="text"/>	Was this student expelled? <input type="text"/>
Phone Number <input type="text"/>	Was this student in special education? <input type="text"/>
Fax Number <input type="text"/>	Was this student on a 504 plan? <input type="text"/>
District Name <input type="text"/>	School Name <input type="text"/>
Street Address <input type="text"/>	City <input type="text"/>
State <input type="text"/>	ZIP Code <input type="text"/>
Comment <input type="text"/>	

Documents

Documents

Please download all attached documents and submit to your assigned school along with the required documentation.

Enrollment Documents

- 1. Residency Verification Affidavit/Declaración de Residencia**
This form is utilized to verify residency. Este formulario se utiliza para comprobar su residencia/domicilio.
- 5. Report of Health Examination for School Entry/Informe del Examen de Salud para el Ingreso a la Escuela**
This is the Report of Health Examination for School Entry. Este es el Informe del Examen de Salud para el Ingreso a la Escuela para los niños empezando Kindergarten.
- 4. Oral Health Assessment Form/Formulario de Evaluación de la Salud Dental**
This is the Oral Health Assessment information form/waiver. Este es el formulario de información de la Evaluación de la Salud Dental y Exención.

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Supplemental Questions

Supplemental Questions

Please respond to all questions listed.

Has your child ever been retained? Choose an option	Has your child ever been double promoted? Choose an option
Has your child ever been in a Gifted Program? Choose an option	Has your child ever received Speech, Resource or SDC services? Choose an option
Does your child require any special health procedure during the regular school day? Choose an option	Is it necessary for your child to take any kind of prescriptive medication at school on a regular basis? Choose an option
Has your child been diagnosed with a medical condition that may require special consideration during school hours? Choose an option	Does your child have a medical condition that affects his/her participation in routine school activities or programs? Choose an option
If available, in what language would you prefer to receive communication from the school? Choose an option	How did you hear about us? Choose an option

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Confirm – Click on Finish and Submit at the bottom of the page

 If the information above is correct, click Finish and Submit. After clicking this no further changes can be made online.

Finish and Submit

You will need to bring in the following Required Information to your child's school site.

- A birth certificate or other official document verifying the child's birthdate such as: a baptismal certificate or passport
- Immunizations: Proof of MMR (including proof of second MMR), Polio, D.P.T., Hepatitis B, and Varicella (Chicken Pox).

Please note: SB277 was signed into law eliminating personal and religious exemptions from immunization requirements for children in childcare, public and private schools. Students will need to provide immunizations records to their school before entry.

- Two forms of verification of residency: Drivers license, property tax payment receipt, rental property contract, lease or payment receipt, utility service, statement or payment receipt, correspondence from a government agency, hotel/motel receipts, mortgage bill and escrow document

Please note: enrollment is not complete until these verification documents are submitted to the school.