

SONORA HIGH SCHOOL



AERIES ONLINE ENROLLMENT GUIDE

Sonora High School

401 S Palm St

La Habra, CA 90631

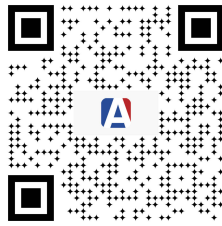
(562) 266-2007

www.sonorahs.org



New Enrollment Instructions for Parents

Aeries Online Enrollment Link: <https://enrollment.fjuhsd.org/>



This process is available for students who have never enrolled and/or attended any school in the Fullerton Joint Union High School District

To get started:

NEW STUDENTS click the "Enroll A New Student" button

Welcome to Aeries Online Enrollment
Fullerton Joint Union High School District

To enroll a new student, you will be required to provide various information. Please make sure you have this information available before continuing. If you do not have this information available, please return when you do. After enrolling a new student, you will have the option to re-use certain information for enrolling additional students.

The following items are needed in order to complete the enrollment process (please upload a copy of the following items to the [Document Upload](#) section).

- **Valid Email Address**
 - Parents/Guardians will need to have a valid email address that is regularly used and checked. We do not recommend the use of a student's email address when submitting enrollment information.
- **Immunization Record (required)**
 - All students entering school are required to have proof of up-to-date immunizations
- **Proof of Address (required)**
 - Documents provided must be in the parent/guardian's name.
 - Acceptable documents include
 - Current utility bill (electricity, gas, water)
 - Mortgage statement or lease/rental agreement
- **Documentation of Age**
 - Birth certificate, passport, hospital certificate, etc.
- **Custodial or restraining court orders**
- **Copy of unofficial transcript and/or last report card**

THIS IS NOT THE FJUHSD AERIES PARENT/STUDENT PORTAL

Language
☒ English ☐ Español

Login Enroll A New Student

Please prepare the following documents needed to complete your Online Enrollment

1. Copy of students' birth certificate or passport
2. Proof of residence in custodial parent name
 - a. Copy of current utility bill (gas, water or electric only)
 - b. Copy of mortgage statement or rental/lease agreement
3. Copy of Immunization Record
4. Copy of students' transcript/grades from previous school
5. Proof of withdrawal from last high school attended, if applicable
6. Copy of current IEP or 504, if applicable
7. Additional supporting documents

Create New Account

Please provide the legal guardians email address and a password to create a new account. If you have previously used this website to enroll a student for this district, you may login as an existing user.

Create new account

Your Name

Email address

Password

Re-type Password

Create account

Students' Name

Please fill out student's legal first, middle and last name along with their birthday. Please note that information must match their Proof of Age document.

Student's Name

Student's legal first name

Student's nick name (optional)

Student's legal middle name

Student's legal last name

Student's suffix

Student's Birthdate

Month Day Year

School grade levels are from the California Department of Education - [click here](#) for details.

Please select a grade level or program to enroll this student in

Select Grade Level or Program

Next

Student Address

Enter your street address and make sure the address auto populates into the street address field.

Student Address

Resident Address

Street Address

Unit or Apartment Number

City

Student's Home ZIP Code

State Student lives in

California

Use residence address above as mailing address?

- ☒ Yes
☐ No, use a different address for mail

Previous

Next

Street Address

1200

- 1200 Allwood Cr (Anaheim 92807)
- 1200 E Babcock Cr (Placentia 92870)
- 1200 Cypress Point Dr (Placentia 92870)
- 1200 Eckenrode Wy (Placentia 92870)
- 1200 El Dorado St (Placentia 92870)
- 1200 Foxton Cr (Anaheim 92807)
- 1200 Holt Dr (Placentia 92870)

Student Address Used for InterDistrict Transfer

If you are an "InterDistrict Transfer" from outside of District address boundaries and have been approved for a school transfer from Student Services, please use the Sonora High School address.

**401 S Palm St
La Habra, CA 90631**

Resident Address

Street Address

401 S Palm St

Unit or Apartment Number

City

La Habra

Student's Home ZIP Code


90631

State Student lives in

California

Assigned School

Based on your street address, your student will be assigned to a school within the district boundaries. The option to choose preferred school, will not be available through the online enrollment. If you have been approved for Open Enrollment or a transfer, you will be moved to your school of choice automatically.


 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

Sonora High School (Eighth Grade - Twelfth Grade)


Account Created

Your account has now been created, but needs to be verified. Check your email for the verification link from ADNadmin@fjuhsd.org. If you do not receive the email, please check your spam or junk mail folder.

 Your account has been created but needs to be verified. Please check your email and follow the instructions to finish enrollment.
If you do not receive the email, please check your spam or junk mail folder.

New Enrollment Process

The remainder of the enrollment process will take about 15-30 minutes. Please be prepared to complete this process in this amount of time or more.

 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.

General Student Information

- Gender
- Home Phone Number
- Mobile Phone Number
- Ethnicity

General Student Information

Student's gender

Choose a Gender

Student's home phone number

Student's mobile phone number

The following two questions are required by federal law ⓘ

Is this student Hispanic or Latino?

☐ No, not Hispanic or Latino
☐ Yes, Hispanic or Latino
☐ Ethnicity Intentionally Left Blank

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

☐ American Indian or Alaskan Native
 ☐ Chinese

☐ Japanese
 ☐ Korean

☐ Vietnamese
 ☐ Asian Indian

☐ Laotian
 ☐ Cambodian

☐ Hmong
 ☐ Other Asian

☐ Hawaiian
 ☐ Guamanian

☐ Samoan
 ☐ Tahitian

☐ Other Pacific Islander
 ☐ Filipino

☐ Black or African American
 ☐ White

☐ Race Intentionally Left Blank

Parent Information

Please fill out
Parent/Guardian
#1/#2 information
for your student.

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.

Minimum required fields:

- First and Last name
- Relationships to Student
- Does this parent/guardian live with the student?
- Primary phone number

Parent/Guardian #1

First Name

Last Name

Relationship to student

Select Relationship

Allow Access to Portal ⓘ

Choose an option

Email address

Does this parent/guardian live with the student?

Choose an option

Restrained Individual

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

If you have court order paperwork, please upload it during the Document Upload section or bring it to the school site during your registration process.

Restrained Individual

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

Please upload any supporting documents during the Document Upload section.

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

First Name

Last Name

Relationship to student

Select Relationship

Mailing Address

Local Physician Information

Please enter your local physician information for your student.

Local Physician Information

Please provide as much information about the student's local physician as possible. If you are new to the area and do not have a physician for the student you may enter a nearby hospital or clinic.

First Name	Last Name
<input type="text"/>	<input type="text"/>
Name of medical facility	Medical facility address
<input type="text"/>	<input type="text"/>
Primary phone	Cell phone
<input type="text"/>	<input type="text"/>
Work phone	Extension
<input type="text"/>	<input type="text"/>

Emergency Contact

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

Emergency Contacts

Please provide up to four emergency contacts other than the parent/guardian entered on the previous screens. At least one emergency record is required.

Minimum required fields:

- First and Last name
- Relationship to Student
- Primary phone number

Emergency Contact #1

First Name	Last Name
<input type="text"/>	<input type="text"/>
Relationship to student	
Select Relationship	

Health Survey

Please provide a list of any medical conditions 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.

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.

Add

Other District Enrollments

If this student has previously attended school grade K through 12 in another district, please provide as much information as possible for up to the last four schools.

Other District Enrollments

i If this student has previously attended school for grade TK thru 12 in another district, please provide as much information as possible for up to the last four schools.

If you are not certain of the exact enter and leave date, please enter an approximate day. For example, if the student started sometime in February of 2012, you may enter February 1st, 2012.

Previous School #1

Enter Date	Leave Date
Month <input type="text"/> Day <input type="text"/> Year <input type="text"/>	Month <input type="text"/> Day <input type="text"/> Year <input type="text"/>
Enter Grade	Leave Grade
Select Grade Level <input type="text"/>	Select Grade Level <input type="text"/>
District Contact Name <input type="text"/>	Was this student expelled? <input type="text"/>

Documents

Please review each document by clicking on the checkbox.

Documents

i Please review each document by clicking on the checkbox.

FJUHSO DOCS 24-25

FJUHSO Summer Update 24-25 *Required

☒ By checking the box, my student and I acknowledge that we have read the following document.

McKinney-Vento Residency Questionnaire 24-25 *Required

Print and return this form ONLY IF APPLICABLE

☒ Please print, fill out information, sign, and return to your school.

HANDBOOKS 24-25

SOHS Student Handbook 24-25 *Required

☒ By checking the box, my student and I acknowledge that we have read the following document.

Authorizations

Please answer the following questions.

Authorizations

All fields are required.

Click [here](#) for more information regarding the ELC Program.

<p>Allow access to parent email by school affiliated organizations.</p> <p>Choose an option <input type="text"/></p>	<p>I give my permission to Fullerton Joint Union High School District to share my student's data, strictly for supporting the Fullerton Education Partnership with Cal-State Fullerton and Fullerton College.</p> <p>Choose an option <input type="text"/></p>
<p>By clicking YES, I will be purchasing Chromebook Insurance. By clicking NO, I am declining participation in the FJUHSO Chromebook Insurance Program.</p> <p>Choose an option <input type="text"/></p>	<p>Provide student information to military personnel.</p> <p>Choose an option <input type="text"/></p>
<p>Use of student photograph in school publications.</p> <p>Choose an option <input type="text"/></p>	<p>I have read and agree to comply with the FJUHSO Acceptable Use of Technology Policy.</p> <p>Choose an option <input type="text"/></p>
<p>I give permission to FJUHSO to release my child's data to the University of California to support UC's Eligibility in the Local Context (ELC) Program.</p> <p>Choose an option <input type="text"/></p>	

Documents Uploads

Select documents to upload for Immunization Records.

Immunization Record	Required
Upload a copy of the student's immunization record	
Files	
<div>Select documents...</div>	

Select documents to upload for Proof of Address.

Proof of Address	Required
Proof of Address documents provided must be in the parent/guardian's name.-Acceptable documents include: current utility bill (electricity, gas, water), mortgage statement or lease/rental agreement	
Files	
<div>Select documents...</div>	

Select documents to upload for Documentation of Age.

Documentation of Age
Acceptable documents include: birth certificate, passport, hospital certificate, etc.
Files
<div>Select documents...</div>

Select documents to upload for Unofficial Transcript.

Unofficial Transcript
Upload the student's unofficial transcript.
Files
<div>Select documents...</div>

Supplemental Questions

Please answer the following questions.

Supplemental Questions

All fields are required.

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

Which language does your child most frequently speak at home?
Choose an option

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

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

Junior High Attended
Choose an option

Does this student have an active 504 Plan?
Choose an option

Does this student have an active IEP?
Choose an option

Is this student in Foster Care placement?
Choose an option

Residence Survey

Please select the option that best describes your current living situation.

Residence Survey

Please select the option that best describes your current living situation.

☐ **Temporary Shelters** A temporary residence provided for homeless individuals who would otherwise sleep on the street or a temporary residence provided to individuals in emergency situations.

☐ **Hotels/Motels** A temporary residence for homeless individuals usually requiring payment or vouchers for lodging and services on a daily, weekly, or monthly basis.

☐ **Temporarily Doubled Up** A temporary residence with more than one family in a house or apartment due to economic hardship, or other similar reasons.

☐ **Temporarily Unsheltered** A type of residence for homeless individuals that is not meant for human habitation, such as cars, parks, sidewalks, abandoned buildings, campgrounds, trailer parks, bus and train stations, or persons abandoned in the hospital (on the street). A rule of thumb would be to see the dwelling as comparable to an automobile in that it shelters but is not adequate housing.

☐ **None of the above** You may select this option if none of the above home situations apply to this student.

Family Military Survey

Please select whether or not at least one parent/guardian of this student is active in the United States Armed Forces.

Family Military Survey

Please select whether or not at least one parent/guardian of this student is active in the United States Armed Forces:

☐ Yes, at least one parent/guardian of this student is on active duty in the United States Armed Forces.

☐ No, this student does not have a parent/guardian who on is active duty in the United States Armed Forces.

Confirm Your Application


Review the information for your student enrollment.

Click on the edit button on any selection that needs a correction.

Scroll to the bottom and click Finish and Submit below to finalize your enrollment.

Confirm ▼

i Below is a summary of information collected for this student enrollment. Click the edit button on any section that needs a correction. If everything appears correct, click the Finish and Submit below to finalize this enrollment. A printer friendly page will be provided for your records.



Assigned School:
 Sonora High School
 (562) 266-2000
 401 S Palm St
 La Habra 90631

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

Finish and Submit

There will be an option to print the enrollment for your records or enroll another student.

Print
Enroll Another Student

What to expect after completing the Online Enrollment

- You may get a call or email from our staff requesting additional information to finalize enrollment
- You may need to bring or email required documents to the GUIDANCE office at Sonora HS if you did not upload during online enrollment
- FJUHSD utilizes **two** different Aeries portals - Aeries Online Enrollment **and** Aeries Student Information System. Parents and students will each have their own Student Information System accounts to access attendance, grades, reports, test results, electronic report cards, electronic transcripts, and other documents related to the student. These portal accounts will be created for the parent and student by our district.
- Once you have enrolled in FJUHSD and the district has created your Parent Aeries portal, you will automatically receive an email from Aeries (ADNadmin@fjuhsd.org) to complete Data Confirmation. This is a step by step process in which the parent/guardian verifies student information such as contacts, emergency contacts, physical address/mailing address, medical information, authorizations, and family information. Aeries will send the parent portal login email to the email address you used when you enrolled your student(s).
- Students will receive their portal access when the new school year starts.