

Pre-Enrollment: Entering New Student Information

These instructions are intended for an adult parent or guardian who is providing online registration information to enroll a new student in the Los Gatos-Saratoga Union High School District.

The online enrollment typically takes 15-20 minutes if you collect these items ahead of time:

- Residency and immunization documents
- Physician and emergency contact names and phone numbers

You have the option to stop at any time and return.

If you have questions during the online enrollment process, please email or call the school registrar, Terri Dewing at tdewing@lgsuhsd.org or 408-354-2730 x231.

Overall Process

A) Create an account on the district's online enrollment system

- Select a school enrollment year
- Create a new enrollment account (if you have never done so previously) **OR** logon to your existing enrollment account
- Review terms of service
- Provide student name and address information
- Confirmation process

B) Enter pre-enrollment information for the student ○ Enter the student details and emergency contact information ○ Enter information about prior schools

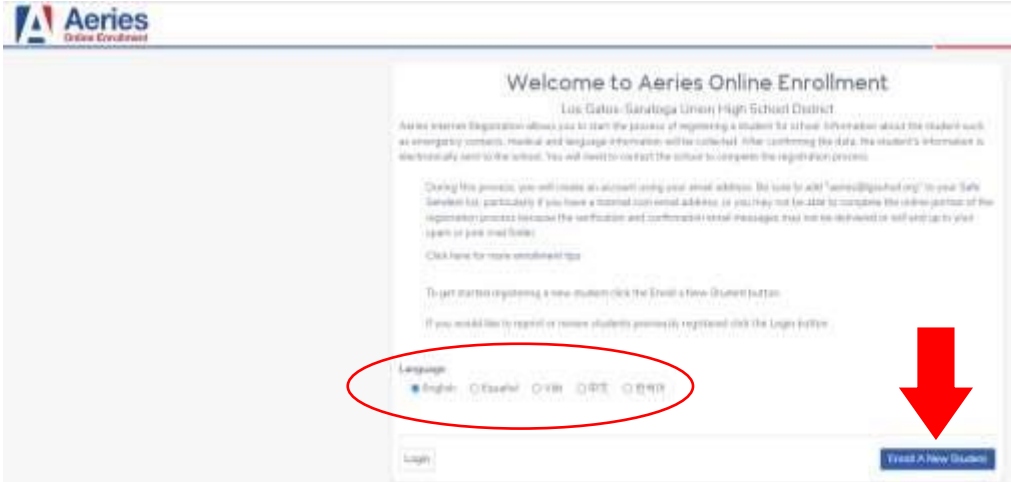
- Upload documents
 - Residency
 - Immunization records (**not required** for students coming directly from CT English, Fisher or Redwood Middle Schools)
- Respond to supplemental questions ○ Review & edit
- Print for your records (optional) ○ Logoff **OR** enroll another student

C) School review and confirmation. School personnel will review your student's information and let you know if there are any issues that must be addressed. When all is complete you will receive a confirmation email message from school personnel that enrollment is accepted.

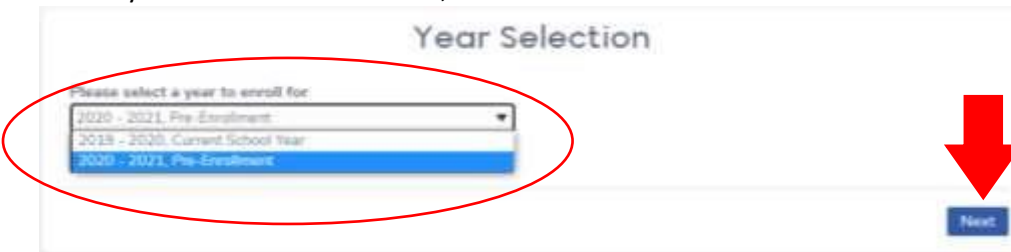
BEGIN

1. Using a personal computer web browser, go to <https://lgsuhsd.asp.aeries.net/enrollment/>

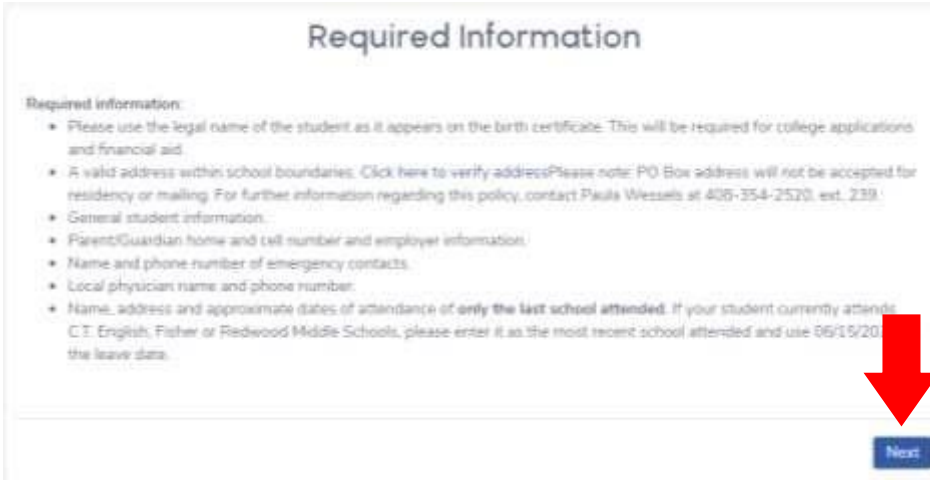
Choose your preferred language and select **Enroll a New Student**.



2. Select the year for school enrollment, then **Next**.




3. Read **Required Information** for an overview of what you will need. Select **Next**.




4. If this is your first time enrolling a student with us, complete the **Create new account** information, then select **Create 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.

Existing user	Create new account
<input type="text" value="Email address"/>	<input type="text" value="Your Name"/>
<input type="password" value="Password"/>	<input type="text" value="Email address"/>
<input type="button" value="Login"/>	<input type="password" value="Password"/>
Forgot Password	<input type="password" value="file-type Password"/>
	<input type="button" value="Create account"/>



*If you have previously enrolled a student with us, please enter your existing user information and select **Login**.*

5. Read the Terms of Service and scroll to the bottom. Select **I Agree** then **Next**.

Terms of Service



Please review the Terms of Use and click "I agree" to continue.

It is our goal to be secure at all times. We protect your information what it is received by and sent from our database by encrypting the data. In addition to the system architecture and network design features in place, we also control physical access to your information. A significant component of the security measures in place to protect your information is the use of passwords. Password protection is a crucial responsibility of each subscriber and user. Never give anyone your password. Select a password that is a combination of numbers, letters, and symbols, and do not use names, birth dates, addresses and other similar items that can be easily guessed. Be cautious if you grant others access to your account. Your data security can only be as good as your use and care of your password and your access rights to the LISD/HSD online registration system.

LISD/HSD monitors its network and systems for signs of unauthorized access. We have taken care to provide a high degree of security, but there is no perfect system online or offline. If you suspect any violation of security on the system, please immediately notify us at Supt_Office@groutst.org. All matters referred to us will be promptly investigated.

We reserve the right to make changes to this privacy policy; this will be posted here before they go into effect. Questions regarding the Privacy Policy can be directed to Supt_Office@groutst.org.


I agree



6. Complete the **Student's Name** page. Select **Next**.

Student's Name

<input type="text" value="Student's legal first name"/> <small>Please enter the student's first name</small>	<input type="text" value="Student's nick name (optional)"/>
<input type="text" value="Student's legal middle name"/>	<input type="text" value="Student's legal last name"/> <small>Please enter the student's last name</small>
<input type="text" value="Student's suffix"/>	
<input type="text" value="Student's Birthdate"/> Month <input type="text" value=""/> Day <input type="text" value=""/> Year <input type="text" value=""/> Age: 14	Please select a grade level or program to enroll this student in: <input type="text" value="Select Grade Level or Program"/> <small>Please select a grade or program</small>



7. Enter the student's place of residence. On this page you also have the option to provide a separate address for mail delivery if applicable. Select **Next**.

Student Address

Resident Address

Street Address
Enter 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

8. The system will now send a confirmation message to the parent email address given in step 4.

Account Created

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

Next

Go to your email account and follow the message instructions to confirm. Once confirmed, you will see this message. Select **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
Saratoga High School (Sixth Grade - Twelfth Grade)

Previous Next

9. You can exit at any time and the system will remember the information entered previously. If you decide to exit, you will see this page when you return. Select **Resume**.

My Account

Please complete the enrollment process for each individual student before adding any additional students.

Pending Enrollments

Student	Started	Options
Caplan Antonio	6/12/2022	Resume

Completed Enrollments

You have no completed enrollments.

[Change Email](#) | [Change Password](#)

Language

English
 Spanish
 Vietnamese
 Chinese
 Arabic

[Enroll A New Student](#)

10. Enter general information about your student. Select **Next**.

General Student Information

Student's gender: Please select a gender.

Student's home phone number:

Student's mobile phone number:

Student's email address: Please provide STUDENT email since parent emails will be contacted in another step.

The following two questions are required by federal law.

Is this student Hispanic or Latino?

Declined to State
 Yes, 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"/> Tibetan
<input type="checkbox"/> Other Pacific Islander	<input type="checkbox"/> Filipino
<input type="checkbox"/> Black or African American	<input type="checkbox"/> White
<input type="checkbox"/> Declined to State	

What is the highest parent education level?

[Next](#)

11. Enter language information, and select **Next**.

Language Information


i 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)



12. Enter parent/guardian information. A student needs at least one. Scroll down to the bottom of the page and select **Next**.

Parent Information

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

Parent/Guardian 1:

<input type="text" value="First Name"/>	<input type="text" value="Last Name"/>
<input type="text" value="Relationship to student"/> <small>Select relationship</small>	<input type="text" value="Allow Access to Portal"/> <small>Choose an option</small>
<input type="text" value="Email address"/>	<input type="text" value="Does this parent/guardian live with the student?"/> <small>Choose an option</small>
<input type="text" value="Mailing Name"/>	
<input type="text" value="Address"/>	
<input type="text" value="City"/>	<input type="text" value="State"/> <small>Select state</small>
<input type="text" value="ZIP Code"/>	<input type="text" value="Primary phone number"/>
<input type="text" value="Cell phone number"/>	<input type="text" value="Work phone number"/>
<input type="text" value="Extension"/>	<input type="text" value="Alternate phone number"/>

<input type="text" value="Cell phone number"/>	<input type="text" value="Work phone number"/>
<input type="text" value="Extension"/>	<input type="text" value="Alternate phone number"/>
<input type="text" value="Employer Name"/>	<input type="text" value="Employer Address"/>



13. Enter information for an Out of State emergency contact. This is requested for the (highly unlikely) event that a major disaster (earthquake, fire, etc.) disrupts local communications. Select **Next**.

Out of State Contact info

Please provide information for an out-of-state contact. This information is optional and used for emergency purposes only.

First Name <input type="text"/>	Last Name <input type="text"/>
Relationship to student Grandfather	Address <input type="text"/>
City Sumner	State Idaho
ZIP Code 83651	Primary phone number <input type="text"/>
Cell phone number (408) 867-2411	Work phone number <input type="text"/>
Extension <input type="text"/>	Alternate phone number <input type="text"/>

Previous **Next**



14. Complete the **Restrained Individual** page. Select **Next**.

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.

Previous **Next**



15. Provide **Local Physician** information. This is a critical contact for the school in case of student injury or illness. Select **Next**.

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 want to ask a next-door neighbor for the name of a physician, or enter a nearby hospital or clinic.

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

Previous **Next**



16. Provide Emergency Contacts. You can give as many as you wish, but we request at least one local person who is not the parent/guardian. Scroll down to the bottom of the page and select **Next**.

Emergency Contacts

Please provide up to 4 additional Emergency Contacts. DO NOT enter parents as Emergency Contacts if they were already entered on the previous pages.

Emergency Contact #1

First Name

Last Name

Relationship to student
Select Relationship

Mailing Name

Address

City

State

ZIP Code

Primary phone number

Cell phone number

Work phone number

Extension

Alternate phone number

Previous

17. Complete the student **Health Survey**. Select **Next**.

Health Survey

i 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



Previous

Next

18.

Complete the Other District Enrollments page about prior schools. Note that we need information about prior U.S. school attendance at the top.

Please complete *at least* the most recent school information so we can successfully track down records. Scroll to the bottom and select **Next**.

This is the Document Uploads page. The specific types of acceptable documents are listed.

19.

Document Uploads

All students are required to provide proof of District residency. Proof of immunization is required if their previous school was C.T. English, Fisher Middle or Redwood Middle.

Proof of Residency

California Education Code (Section 49030) and District Board Policy 5111 require that a student be enrolled in and attend the school that is within the district in which the student's parent(s) or legal guardian(s) resides. In accord with State Compliance Requirements, I have attached the required documentation as proof of residence for enrollment. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Evidence that false information was provided will result in immediate withdrawal of the student from District schools.

Proof of Residency #1

ONE of the following items of parent/guardian's photoID:

1. Current California State Driver's License
2. California ID card
3. Valid Passport or Consulate Issued Picture ID

Proof of Residency #2:

ONE of the following documents with parent/guardian's name and LOCAL-50 residence address:

1. Current valid vehicle registration card

Upload the student residency documents.

Proof of Residency #1

Upload one item from the #1 list above

Files

Select documents...

Proof of Residency #2

Upload one item from the #2 list above

Files

Select documents...

Proof of Residency #3

Upload one item from the #3 list above

Files

Select documents...

Additional Residency Documents

Upload additional residency documents if needed

Files

Select documents...

Upload Proof of Immunization. *If your student is coming from C.T. English, Fisher or Redwood Middle Schools then this is not needed. Select Next.*

Proof of Immunization

Upload a copy of your student's immunization record. Not needed if the student is coming from C.T. English, Fisher or Redwood Middle Schools

Files

Select documents...

Previous Next

20.

Respond to the **Supplemental Questions**. Select **Next**.

Supplemental Questions

Does your student have a Special Education IEP?
Choose an option

Home Type
Choose an option

School your student most recently attended
Choose an option

Previous **Next**

21. Almost done! This is your last chance to review and change information you provided.

Confirm

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
Saratoga High School
1438 967-3411
23300 Herndon Ave
Saratoga, 95070

Enrollment ID: 28818
Captain Awesome

Enrollment Information (changes can only be made at the school)

Enrollment completed by Dad Awesome 1001Awesome1234@gmail.com	Enrollment Year 2020
Student's First Name Captain	Student's Nick Name
Student's Last Name Awesome	Student's Middle Name
Grade Ninth Grade	Student's Suffix
Unit or Apartment Number	Student's Birthday 1/1/2000
Zipcode 95070	Street 20300 HERNDON AVE
Assigned school Saratoga High School 1438 967-3411 20300 Herndon Ave	City Saratoga
	State California

Review every item, **Edit** if needed. Scroll to the bottom, select **Finish and Submit**.

21.

Document Uploads	
2012-12-05-ALBERT-EDWARDS-employment-in-a-jerico.jpg View Document	Albert Edwards 001.jpg View Document
Albert Edwards_park.jpg View Document	Albert Edwards.jpg View Document
Edit	

Supplemental Questions
Does your student have a Special Education ID? No
Home Type Preseent Housing
School your student most recently attended Country School
Edit

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

[Finish and Submit](#)

22. Last page. On this page you can **Print** the student information, **Enroll** another student, and **Logout**.

Confirm

Print Enroll A New Student

Assigned School
Saratoga High School
(408) 867-3411
20300 Hermann Ave
Saratoga 95070

Enrollment ID: 249655

Enrollment Information (changes can only be made at the school):

Enrollment completed by
Dad Awesome robert.williams@gmail.com

Student's First Name
Captain

Student's Last Name
Awesome

Grade
Fresh Grade

Unit or Apartment Number

Zipcode
95070

Assigned school
Saratoga High School (408) 867-3411 20300 Hermann Ave
Saratoga 95070

Enrollment Year
2020

Student's Nick Name

Student's Middle Name

Student's Suffix

Student's Birthday
3/1/2008

Street
20300 HERRMANN AV

City
Saratoga

State
California

General Student Information

Scroll to the bottom. **Logout** when finished.

Permanent Housing
School your student most recently attended
Out of Country School:

Parent/Guardian Signature _____ Date _____

Logout

Enroll Another Student

The system will generate an automatic notice that you have provided information.

END

What Happens Next?

School personnel will review your student's pre-enrollment information in detail. If there are any issues you will be notified. You will receive a personal confirmation email message when all has been reviewed and accepted.

If you have questions, please email or call the Los Gatos High School registrar Terri Dewing at tdewing@lgsuhsd.org or 408-354-2730 x231.

