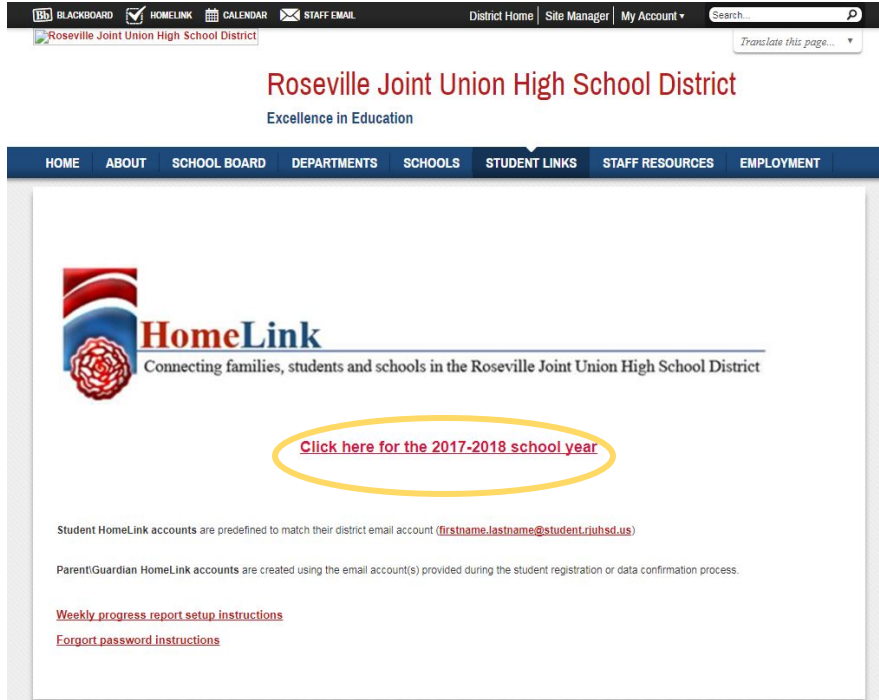


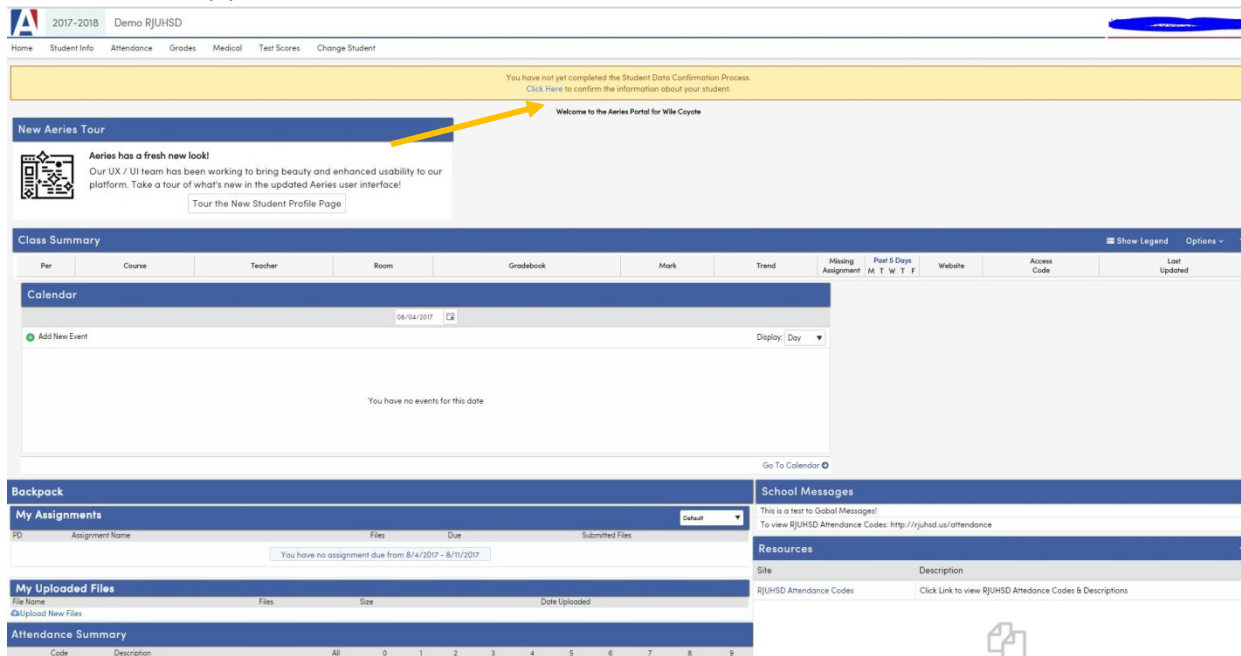
The data confirmation process is designed to ensure all student demographic and contact information is reviewed and updated on an annual basis. As a result students will not be given their class schedules until data confirmation has been completed.

**Step 1.** Go to [Rjuhsd.us/homelink](http://Rjuhsd.us/homelink) and click the link for the 2017-18 school year to login.

If you need assistance resetting your password please use the [forgot password link](#). For account creation or help please contact your student school site registrar.



**STEP 2.** You will see the message below at the top of your screen to update your Student Data. Please select the **Click Here** link to verify your student's information.



### Step 3. United States Armed Forces and Residence survey (Please select only one residence type)

Select confirm and continue after making your selections

1 Family Information

2 Student

3 Contacts

4 Medical History

5 Documents

6 Authorizations

7 Final Data Confirmation

Confirm and Continue

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 active in the United States Armed Forces.

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

Please select one of the following options to complete the residence survey:

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. This is also applicable to children who are in temporary residences awaiting permanent placement in foster care.

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 where a homeless family is sharing the housing of other persons due to the loss of housing, 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 porches 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.

Permanent Housing  
You may select this option if none of the above home situations apply to this student.

### Step 4. Student Demographic information

Please click the **Change** button at the bottom of the screen to make your updates. **Please note that your student's name must be their full LEGAL name, not a nickname.**

Select confirm and continue when complete.

Please click on each tab and confirm ALL of the following information. Please DO NOT leave blanks. You will be allowed to update your data throughout the year. Please update your data in a timely manner when information changes. \*\*\*Please make sure no one else has your password to HomeLink or your email account. This is your student's personal information; help us keep their information safe and secure. Also, falsified documents will result in immediate dis-enrollment of student.

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Confirm and Continue

Please confirm that the information we have is correct. FILL IN ALL BLANK areas that apply by clicking the Change button at the bottom then click SAVE. \*\*\*NOTE: Must use student's FULL LEGAL name.

Student Demographics		
		Notes
Mailing Address	121 Berry St Roseville CA 95678	Changes to this information will NOT be saved in the system. Instead, the new information will be emailed to the school and the school will contact you for additional information.
Residence Address (if different than Mailing Address)	121 Berry St Roseville CA 95678	Changes to this information will NOT be saved in the system. Instead, the new information will be emailed to the school and the school will contact you for additional information.
Primary Phone	(530) 277-4413	
Student's Mobile	(530) 277-4413	
Correspondence Language	English	Letters and Report Cards sent home from the school will be sent in this language. Not all languages listed are supported by the district.
Parent Highest Education Level	College Graduate	
Records Release		
Birth City	Roseville	
Birth State	California	
Birth Country	United States Of America	

Change

## Step 5. Student Contact information

Please review and make any necessary corrections to the contact data. Click the name of the contact that you wish to modify or delete. Click "add" to add a new person to the contact screen. Please provide two contacts (besides parent/guardian) in case of an emergency.

Select confirm and continue when complete.

Please click on each tab and confirm ALL of the following information. Please DO NOT leave blanks. You will be allowed to update you data throughout the year. Please update your data in a timely manner when information changes. \*\*\*\*Please make sure no one else has your password to HomeLink or your email account. This is your student's personal information; help us keep their information safe and secure. Also, falsified documents will result in immediate dis-enrollment of student.

Contact Data Saved at 8/4/2017 8:56:02 AM.

Click the name of the contact on the left hand side of the screen that you wish to change or delete. Click "add" to add a new person to the contact screen. Please update your data in a timely manner when information changes throughout the year.

Select Record to Change

Name	Address	Relation
Keith Wheeler	121 Berry St	Father
Road Runner	121 berry st	Other

[Change](#) [Add](#) [Delete](#)

Confirm and Continue

Contact Details		Notes
Name	Keith Wheeler	This field is used to address mailings from the school if applicable.
Name Prefix		
First Name	Keith	
Middle Name		
Last Name	Wheeler	
Name Suffix		
Address	121 Berry St Roseville, CA 95678	
Address Type		
Relationship to student	Father	
Lives With Student?	No	
Telephone Number	(916) 786-8050	
Work Phone Number	(916) 786-8050	
Cell phone number	(916) 786-8050	
Pager		
Employer Name	RJUHSO	
Employer Location	121 berry st	

## Step 6. Student Medical History

If your student has a medical condition that we should be aware of please enter the information on this tab. If not, you may skip this tab

Please click on each tab and confirm ALL of the following information. Please DO NOT leave blanks. You will be allowed to update you data throughout the year. Please update your data in a timely manner when information changes. \*\*\*\*Please make sure no one else has your password to HomeLink or your email account. This is your student's personal information; help us keep their information safe and secure. Also, falsified documents will result in immediate dis-enrollment of student.

Please add any updated comments that you feel are applicable. Additions need to be emailed to: Dayle Edgerton at dedgerton@rjuhsd.us \*\*\*\*\*Please only click Save ONCE. Takes up to two minutes to save\*\*\*\*\*

Medical History and Current Medical Conditions

Condition	Effective Date	Age	Grade	Comment	
Frequent Headaches	07/09/2015	0	0	From being hit in the head with anyll	<a href="#">No Longer Applies</a>
Walker, Cane, Crutches	07/09/2015	0	0		<a href="#">No Longer Applies</a>

[Save](#)

Additional Conditions  
Please Check All That Apply

<input type="checkbox"/> Allergy - Bee	<input type="checkbox"/> Corrective Lenses	<input type="checkbox"/> Rx - Emergency Medication In Health Center
<input type="checkbox"/> Allergy - Food	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Rx - Takes Medication At School
<input type="checkbox"/> Allergy - Med	<input type="checkbox"/> Downs Syndrome	<input type="checkbox"/> Scoliosis
<input type="checkbox"/> Anxiety (Panic) Attacks	<input type="checkbox"/> Fainting Episodes	<input type="checkbox"/> Seizure Disorder
<input type="checkbox"/> Asthma	<input type="checkbox"/> Hearing Deficit	<input type="checkbox"/> Skin Condition
<input type="checkbox"/> Attention Deficit/Hyper Activity	<input type="checkbox"/> Heart Condition	<input type="checkbox"/> Tourette's Syndrome
<input type="checkbox"/> Autism (Medical Diagnosis)	<input type="checkbox"/> Medical Condition Not on list	<input type="checkbox"/> Vision Condition
<input type="checkbox"/> Cancer	<input type="checkbox"/> On Prescribed Medication	<input type="checkbox"/> Wheel Chair
<input type="checkbox"/> Cerebral Palsy		

[Save](#)

Confirm and Continue

Select confirm and continue when complete.

## Step 7. School and District documentation

Select the Documents tab for a list of the Annual Required Notifications. Click the link on each document to view. With your student, read and confirm all authorizations. Exit the document when you have finished, then click the box on the right to confirm that you have read and understand the document

Select confirm and continue when complete.

Please click on each tab and confirm ALL of the following information. Please DO NOT leave blanks. You will be allowed to update your data throughout the year. Please update your data in a timely manner when information changes. \*\*\*Please make sure no one else has your password to HomeLink or your email account. This is your student's personal information; help us keep their information safe and secure. Also, falsified documents will result in immediate dis-enrollment of student.

Family Information

Student

Contacts

Medical History

Documents

Authorizations

Final Data Confirmation

**Confirm and Continue**

Please READ, print, and/or sign the appropriate documents, below then check the boxes. If you have not completed your student's emergency card for the current school year or there have been any changes, we ask that you complete a new emergency card and turn it in to the front office, please check the box next to the document to confirm this is done. If you have already turned in the Emergency Card for the current school year, please check the box next to the document to confirm this.

Documents

Essential Documents

- Annual Parent/Guardian Notice  I have read the document
- This document includes 1) Annual Parent/Guardian Notice 2) Successful Homecoming of Students 3) Intradistrict Notice and Outreach Program 4) Parent Involvement Policy 5. Pesticide Notification as attachment

Informative Documents

- Pesticide Notification 2017-2018 - English
- RJUHSD-National School Lunch Program Document
- RJUHSD-National School Lunch Program Document
- 2017-2018 Advertiser School Calendar
- 2017-2018 Student Handbook
- WHS - Student Handbook
- Woodcrest High School has moved to an online, digital Student Handbook. We no longer have a PDF copy of the handbook. Please go to: <http://www.rjuhads.com/staff/384> and read the online handbook.
- Important Information for Full Semester 2017-2018
- Granada Bay High School - Summer Newsletter for 2018-17 School Year
- Oakmont Bell Schedule 2017-2018.pdf
- Oakmont Student Store Packages 2017-2018.pdf
- Oakmont Student Store Packages 2017-2018.pdf

Essential Documents

- Oakmont HS Student Handbook 2017-2018
- Oakmont HS Student Handbook 2017-2018
- RJUHSD Student Technology AUP
- Please print & sign and return to School Office  Acknowledge I have received the document

Informative Documents

- CHS 2017-2018 Calendar
- CHS Calendar 2017-2018

Essential Documents

- 1 - ANNUAL PARENT NOTICE 2017-2018
- Pesticide Notification 2017-2018

Essential Documents

- Student Insurance English 2017/2018
- Student Insurance English 2017/2018  Acknowledge I have received the document

Informative Documents

- Security/Surveillance Notification 2017/2018  I have read the document
- 2017-2018 Free & Reduced application

## Step 8. Authorizations

Please select only one answer for each question.

Select confirm and continue after making your selections.

Please click on each tab and confirm ALL of the following information. Please DO NOT leave blanks. You will be allowed to update your data throughout the year. Please update your data in a timely manner when information changes. \*\*\*Please make sure no one else has your password to HomeLink or your email account. This is your student's personal information; help us keep their information safe and secure. Also, falsified documents will result in immediate dis-enrollment of student.

Family Information

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**Confirm and Continue**

A response is required for each entry. Please answer Yes to only one of the Housing Questions that best describes your living status. Please answer No to the rest.

Authorizations and Prohibitions	Description	Status
Hotels/Motels	Are you staying at a Hotel or Motel?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Are you in Temporary Shelter?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Doubled-up	Are you living with another family?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Are you living in a non-permanent structure (i.e. camping trailer, car?)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Permanent Housing	Do you have Permanent Housing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Is the student in Foster Care or placed with family member by court order?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Annual Request for Pesticide Notification	By checking this box, I understand that the school district is required to supply information about individual pesticide applications at least 72 hours before application. I would like to be notified before each pesticide application at this school.	<input type="checkbox"/> Phone <input type="checkbox"/> Email
	I authorize Medical help as needed as per Ed Code 49480. In the event of an accident or other emergency, I hereby authorize a representative of the school to make such arrangements as his site considers necessary for my child to receive medical or hospital care, including necessary transportation under such circumstances; I further authorize the physician named below or any licensed physician or surgeon to undertake such care and treatment of my child as his site considers necessary.	<input type="checkbox"/> Yes <input type="checkbox"/> Deny
I have received the ANNUAL PARENT/GUARDIAN NOTICE OF RIGHTS AND RESPONSIBILITIES	Check this box to agree that you have received the ANNUAL PARENT/GUARDIAN NOTICE OF RIGHTS AND RESPONSIBILITIES. This can be found under the documents tab and also the district web site at <a href="http://www.rjuhads.ca/Page/372">http://www.rjuhads.ca/Page/372</a>	<input type="checkbox"/> Yes
	Student Technology Acceptable Use Agreement PARENT/GUARDIAN OF STUDENT USER - By allowing your child access to and use of any computer or technology resource on the RJUHSD network or on district premises you hereby give your child permission to use the Roseville Joint Union High School District local area networks and Internet gateway, and you agree on your own behalf and on behalf of your child to all terms and conditions set forth in the RJUHSD Student Technology Acceptable Use Agreement. This can be found under the documents tab and also the district web site at <a href="http://www.rjuhads.com/cms/lib05/CA01001478/Centricity/Domain/70/aup/sup_student.pdf">http://www.rjuhads.com/cms/lib05/CA01001478/Centricity/Domain/70/aup/sup_student.pdf</a>	<input type="checkbox"/> Allow <input type="checkbox"/> Deny

\* Response Required

Save

**Step 9.** Final review and submission. Upon completing data confirmation you will receive a submission acceptance email.

Please click on each tab and confirm ALL of the following information. Please DO NOT leave blanks. You will be allowed to update you data throughout the year. Please update your data in a timely manner when information changes. \*\*\*Please make sure no one else has your password to HomeLink or your email account. This is your student's personal information; help us keep their information safe and secure. Also, falsified documents will result in immediate dis-enrollment of student.

<input checked="" type="checkbox"/> Family Information	<p>Please confirm that you have read and completed the information verification process by checking each box below and click SAVE. By clicking the box you are certifying that the information is accurate. Falsified documents will result in immediate dis-enrollment of student.</p> <p>PLEASE CONFIRM THAT THE INFORMATION ON THE PREVIOUS TABS IS CORRECT</p> <p>Thank you for Confirming your student's information. Your student will now be able to pick up their schedule.</p>
<input checked="" type="checkbox"/> Student	
<input checked="" type="checkbox"/> Contacts	
<input checked="" type="checkbox"/> Medical History	
<input checked="" type="checkbox"/> Documents	
<input checked="" type="checkbox"/> Authorizations	
<input type="checkbox"/> 7 Final Data Confirmation	

[Finish and Submit](#)

Any additional questions please contact your student's school site.