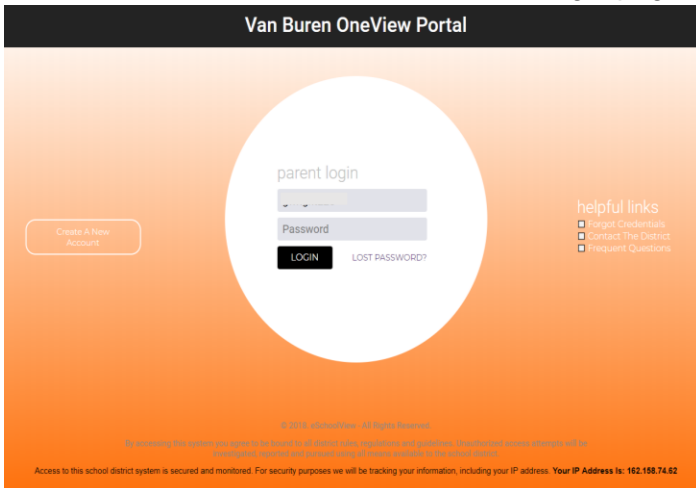


Van Buren Schools – How To Complete Forms

Start at the district website, www.vbschools.net then click the PARENTS tab at the top menu bar. From this menu, click OneView Portal.

You will be taken to the OneView Parent Login page.

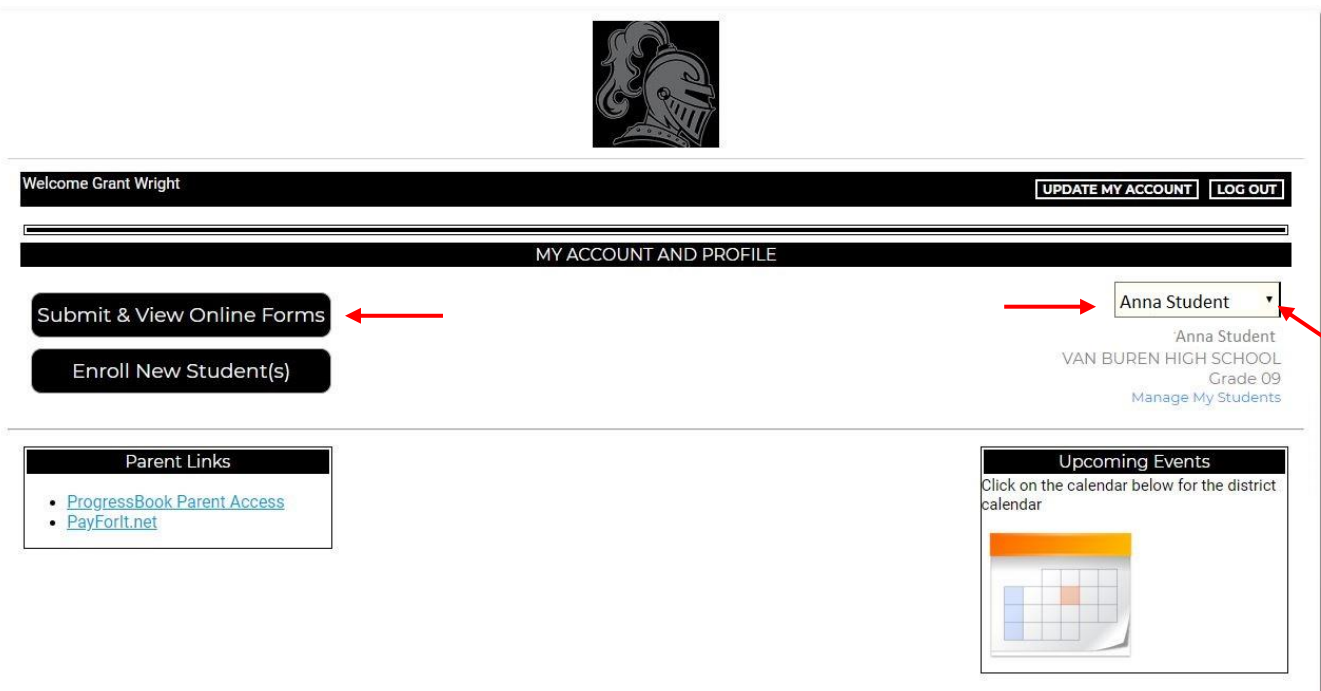


The screenshot shows the 'Van Buren OneView Portal' parent login page. It features a central white circle with the text 'parent login' and a form with fields for 'Username' and 'Password', and buttons for 'LOGIN' and 'LOST PASSWORD?'. To the left is a 'Create A New Account' button. To the right are 'helpful links' for 'Forgot Credentials', 'Contact The District', and 'Frequent Questions'. At the bottom, there is a copyright notice and a security disclaimer: 'Access to this school district system is secured and monitored. For security purposes we will be tracking your information, including your IP address. Your IP Address is: 162.158.74.62'.

If you already have an account, log in with your username and password. If you are experiencing difficulty or have forgotten your username or password, please contact Cassie Schaffer at cschaffer@vbschools.net. If you have not yet created an account, please see the document **How to Create Account** (located under the For Parents tab on the district website).

From the enrolled student dashboard, look at the MY STUDENT ACCOUNTS for your student. If you have multiple students in the district, use the pull down arrow to select your other students. Each student attending Van Buren Local Schools must have the Student Demographics and EMA forms completed.


To access the district forms, select **Submit & View Online Forms**.



The screenshot shows the parent dashboard. At the top is a logo of a knight's helmet. Below it is a navigation bar with 'Welcome Grant Wright' and buttons for 'UPDATE MY ACCOUNT' and 'LOG OUT'. A main section titled 'MY ACCOUNT AND PROFILE' contains a 'Submit & View Online Forms' button (indicated by a red arrow) and an 'Enroll New Student(s)' button. To the right, a dropdown menu is open, showing 'Anna Student' (indicated by a red arrow) and 'Manage My Students' below it. The dropdown also lists 'Anna Student', 'VAN BUREN HIGH SCHOOL', and 'Grade 09'. Below the main section are two boxes: 'Parent Links' with links to 'ProgressBook Parent Access' and 'PayForIt.net', and 'Upcoming Events' with a calendar icon and the text 'Click on the calendar below for the district calendar'.

Select Student Demographics and EMA

Click on the blue links to complete the necessary forms. The **Student Demographics and EMA** is required for all students. The **Parking Permit Form** is only required for high school student drivers.



[Log Out](#)
[Dashboard Homepage](#)

Enrolled Student DashboardView Online FormsEnroll New Student(s)

PARENT ACCOUNT

Grant Wright
gwright@eschoolview.com
Last Access: 7/30/2018 at 1:18 PM
[Update My Account](#)

STUDENT ACCOUNTS

My Student(s):

VAN BUREN HIGH SCHOOL
Grade 11
[Manage My Students](#)

My Online Forms Available To Submit:

For each of the forms listed below, you may review the form, fill out the information requested, and submit your responses to the district for approval electronically.

Printable Forms Library

- [Epi-Pen Student Medication Form](#)
- [Inhaler Student Medication Form](#)
- [Non-prescription Student Medication Form](#)
- [Prescription Student Medication Form](#)

Back To School Forms

Form Name/Title	Status
Student Demographics and EMA	New/Not Yet Started
2018-19 Back To School Forms	
Student Demographics and EMA	New/Not Yet Started
Parking Permit Form	New/Not Yet Started

Part 1: Student Demographic Information

Check to make sure all student demographic information is correct. **If student information is incorrect, select no and describe what is incorrect.**

STUDENT DEMOGRAPHIC & EMERGENCY MEDICAL AUTHORIZATION

Part One: Student Demographic Information (Please Review Carefully)

Carefully review all information

Student Name:	Anna Student
Gender:	F
Building & Grade Level:	VAN BUREN HIGH SCHOOL - Grade 09
Date of Birth:	6/26/2002
Is the above information correct?	<input type="text" value="Yes"/>
Residential Address:	1234 CR 123 Van Buren, OH 45889-9625
	<input type="checkbox"/> I have changes to make to this residential address
	<small>Provide your new address below. Because the nature of the above requires district review and approval, the district will examine your changes and contact you to confirm and provide proofs as district policy requires.</small>
	New Street: <input type="text"/>
	2nd Line/PO Box: <input type="text"/>
	City/State/Zipcode: <input type="text"/> / <input type="text"/> / <input type="text"/> - <input type="text"/>
Different Mailing Address?	<input type="text" value="No"/>

If your address has changed, **check the box I HAVE CHANGES TO MAKE TO THIS RESIDENTIAL ADDRESS** and fill in all information.

STUDENT DEMOGRAPHIC & EMERGENCY MEDICAL AUTHORIZATION

Part One: Student Demographic Information (Please Review Carefully)

Student Name: Anna Student
Gender: F
Building & Grade Level: VAN BUREN HIGH SCHOOL - Grade 09
Date of Birth: 6/26/2002

Is the above information correct?

Residential Address: 1234 CR 123
Van Buren, OH 45889-9625

I have changes to make to this residential address

Provide your new address below. Because the nature of the above requires district review and approval, the district will examine your changes and contact you to confirm and provide proofs as district policy requires.

New Street:

2nd Line/PO Box:

City/State/Zipcode: / / -

Different Mailing Address?

If changes to address, check this box.

Part 2: Additional Information About Student

Part Two: Additional Information About Student

Please provide as much information as possible for student records. Field marked with an asterisk * and in bold are required.

Called Name:

* Primary Telephone:

* County of Residence:

City Of Birth:

Mother's Maiden Name:

Student Email Address:

If student has siblings enrolled at the district, please list their names (and grade level) below:

Please Identify Who The Student Lives With:

Are either parents/guardians currently a member of the military?

- Not Applicable (Not a Military Student)
- Active Duty - Student is a dependent of a member of the Active Duty Forces (Army, Navy, Air Force, Marine Corps, or Coast Guard)
- National Guard - Student is a dependent of a member of the National Guard (Army National Guard or Air National Guard)
- Military Reserves - Student is a dependent of a member of the Military Reserves

Relationship Status of Biological Parents?

Part 3: Parent/Guardian Information

If mother and father are grouped in Parent/Guardian 1, please enter parents separately. Put one parent/guardian's contact information in column 1 and select the appropriate relation to student and the other parent/guardian in column 2 and select the appropriate relation to student.

Part Three: Parent/Guardian Information

* Is there a legal custody order that applies to this child? Please Select... ▾

If you answered "Yes" above, who has legal custody?

Regarding Custody Alerts: Please check the box below to let the district know if there has been a change of custody or custody alert for this student since last year.
 There has been a change in the custody status of my child.

Parent/Guardian #1 <small>(Required)</small>	Parent/Guardian #2 <small>Leave the fields below blank if there is no 2nd Parent/Guardian</small>
* First Name: <input style="width: 100%;" type="text" value="Parent"/>	First Name: <input style="width: 100%;" type="text" value="Parent"/>
* Last Name: <input style="width: 100%;" type="text" value="One"/>	Last Name: <input style="width: 100%;" type="text" value="Two"/>
* Relation To Student: MOTHER ▾	Relation To Student: FATHER ▾
Date Of Birth: <input style="width: 100%;" type="text"/>	Date Of Birth: <input style="width: 100%;" type="text"/>
Home Phone: <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	Home Phone: <input style="width: 20px;" type="text" value="419"/> <input style="width: 20px;" type="text" value="306"/> <input style="width: 20px;" type="text" value="3551"/>
Work Phone: <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	Work Phone: <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
Cell/Other Phone: <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	Cell/Other Phone: <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
Email Address: <input style="width: 100%;" type="text"/>	Email Address: <input style="width: 100%;" type="text"/>
Employer Name: <input style="width: 100%;" type="text"/>	Employer Name: <input style="width: 100%;" type="text"/>
Occupation: <input style="width: 100%;" type="text"/>	Occupation: <input style="width: 100%;" type="text"/>
Lives With Student? Please Select... ▾	Lives With Student? Please Select... ▾
Address: <input checked="" type="checkbox"/> Same Address As Student	Address: <input type="checkbox"/> Same As Student REQUIRED: Provide Address Below:
	Street: <input style="width: 100%;" type="text"/>
	2nd Line: <input style="width: 100%;" type="text"/>
	City/ST/Zip: <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>

Part 4: Emergency Contacts

List any emergency contacts. You are required to enter **at least 2** emergency contacts. Multiple contacts are recommended by Van Buren Local Schools. Please check the box if these individuals are allowed to pick up your student.

Part Four: Emergency Contacts

List only the names (first and last) of those who have the authority to make decisions in an emergency situation involving this student if we cannot reach the parent(s) or guardian(s).

At least two (2) emergency contacts are required, but providing multiple contacts are recommended by the district

#	First Name	Last Name	Primary Phone	Work/Other Phone	Relationship To Student	Can Pick Up
1.	<input style="width: 50px;" type="text" value="Option"/>	<input style="width: 50px;" type="text" value="One"/>	<input style="width: 20px;" type="text" value="123"/> <input style="width: 20px;" type="text" value="456"/> <input style="width: 20px;" type="text" value="7890"/>	<input style="width: 20px;" type="text" value="098"/> <input style="width: 20px;" type="text" value="765"/> <input style="width: 20px;" type="text" value="4321"/>	<input style="width: 100%;" type="text" value="Parent"/>	<input checked="" type="checkbox"/>
2.	<input style="width: 50px;" type="text" value="Option"/>	<input style="width: 50px;" type="text" value="Two"/>	<input style="width: 20px;" type="text" value="456"/> <input style="width: 20px;" type="text" value="789"/> <input style="width: 20px;" type="text" value="1230"/>	<input style="width: 20px;" type="text" value="012"/> <input style="width: 20px;" type="text" value="345"/> <input style="width: 20px;" type="text" value="6987"/>	<input style="width: 100%;" type="text" value="Grandparent"/>	<input type="checkbox"/>
3.	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	<input style="width: 100%;" type="text"/>	<input type="checkbox"/>
4.	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	<input style="width: 100%;" type="text"/>	<input type="checkbox"/>

Part 5: Medical Information

If your student has medical or health issues, select **Yes** on the pull down menu and only enter pertinent information. DO NOT ENTER N/A, NONE, or any other non-medical information.

Part Five: Medical Information	
Does your child have medical/health issues?	Yes ▾
Please only enter pertinent information. DO NOT ENTER 'N/A' or any other non-medical information.	
NOTE: If your child has severe medical concerns that will not fit on this form, we recommend you submit a supplemental letter to your school's nurse outlining in specific detail the medical concerns and appropriate courses of action to take.	
Allergy Info:	<input type="text"/>
Type of Reaction:	<input type="text"/>
Usual Treatment:	<input type="text"/>

Part 6: Consent or Refusal For Emergency Medical Treatment

In the event of an emergency, please select if you GRANT CONSENT for treatment of your child. Fill in information for your medical care providers. If you DO NOT GRANT CONSENT, please describe the action(s) you wish school authorities to take.

Part Six: Consent or Refusal For Emergency Medical Treatment	
* Please Select:	I GRANT CONSENT for emergency medical treatment of my child ▾
I hereby give my consent for the following medical care providers and local hospital to be called when I cannot be contacted:	
Doctor's Name:	Dr. ▾ <input type="text"/>
Phone #	<input type="text"/>
Dentist's Name:	Dr. ▾ <input type="text"/>
Phone #	<input type="text"/>
Specialist Name:	Dr. ▾ <input type="text"/>
Phone #	<input type="text"/>
Hospital:	<input type="text"/>
Phone #	<input type="text"/>
In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by the preferred doctor indicated, or in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentist, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.	
MEDICAL HISTORY: Facts concerning the child's medical history including allergies, medications being taken, and any physical impairment of which a physician and/or school personnel should be alerted:	
Include any facts of which a physician or school personnel should be alerted.	

Part 7: Parent/Student Agreements

Complete the agreements for each section. For the school handbook and acceptable use policy, both student and parent must complete agreement. To view the handbook and acceptable use policy, click on the blue links in the respective boxes.

Part Seven: Parent/Student Agreements	
School Handbook High School Handbook	Link to view handbooks
Yes ▾	Student Agreement I have read and understood the school handbook. As a student, I will agree to do my best to abide by the rules stated in the handbook.
Yes ▾	Parent Agreement I have read and understood the school handbook. As a parent, I agree to help my child follow the rules stated in the handbook.
Student Media Release	
Van Buren School District has a proud tradition of celebrating student accomplishments by sharing them with our community. For us to do so, we periodically submit press releases which include students' names and photographs to the local media or post such information on our district website, district sponsored publications, or displays at school functions. Our intent is to be informative and recognize our students' achievements. We understand, however, concerns may arise in regards to a student's right to privacy. If you AGREE to allow the School District to publish, post or distribute your child's name and/or photograph or other information related only to his./her achievement (e.g. academic, athletic, award) select 'I AGREE' below. However, if you DO NOT grant permission to allow the School District to publish, post or distribute your child's name and/or photograph or other information related only to his./her achievement (e.g. academic, athletic, award) select 'I DO NOT AGREE' below.	
I AGREE ▾	Media Release I/We AGREE TO GRANT permission for my child's name and/or photo/image to be published on the school and/or district's public internet site, or in any newspaper, magazine or other media source for publicity and/or recognition purposes.
Recruiter Information Release	
Federal law requires school districts to provide, upon request, the names, addresses and phone numbers of high school juniors and seniors to military recruiters, colleges, and universities. If you do not want the school district to provide information about your student to either the military or colleges and universities, you have the opportunity to "opt out."	
Opt-In ▾	Options: Opt-In: "I consent to having my child's name, address and phone number release to military recruiters and college recruiters" Opt-Out: "I do <u>not</u> want my child's name, address and phone number released to military recruiters and college recruiters" Military Recruiters Only: "My child's name, address, and phone number can be released to military recruiters only." College Recruiters Only: "My child's name, address, and phone number can be released to college recruiters only."
Acceptable Use Policy	
Acceptable Use Policy Every student, regardless of age, must read and sign this agreement to gain user privileges on the district's computer network and obtain a student login account.	

Part 8: Electronic Signature & Authorization

Type in your name – Parent/Guardian Electronic Signature. Finally, be sure to click **Save and Submit to District** button.

Part Eight: Electronic Signature & Authorization	
"I agree to complete and submit through electronic means the Emergency Medical Authorization and such other forms, documents and questionnaires as the school district may require."	
Digital Signature of Parent/Guardian	Date <input type="text" value="7/20/2018"/>
"Pursuant to R.C. 1306.01 to 1306.23 of the Ohio Revised Code, the parties have agreed to receipt and transmission of an Emergency Medical Authorization Form in an electronic format. Under Ohio law, an electronic record and signature satisfies applicable legal requirements and may not be denied full and unconditional legal effect or enforceability solely because it is in electronic form."	
<input type="button" value="Save"/> <input type="button" value="Save & Submit to District"/> <input type="button" value="Go Back"/>	

Once you have updated all information on the emergency form, type in your Digital Signature and **be sure to click the Save & Submit to District button.**