

Como Inscribir A Sus Hijos En ASPEN

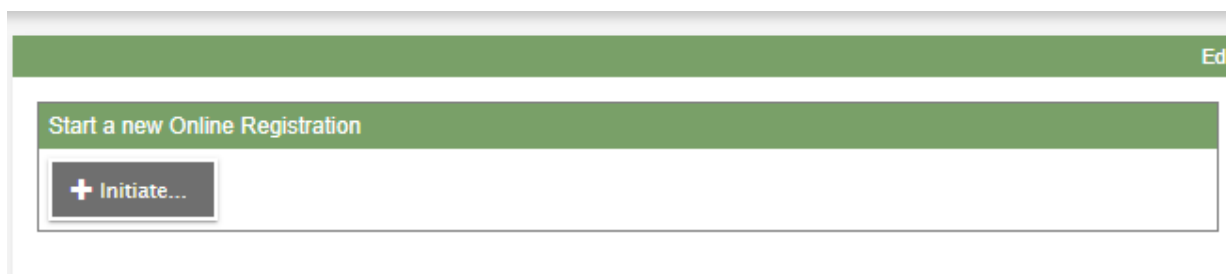
¡Bienvenidos al Distrito Escolar de la Región de South Hunterdon! Este documento le ayudará paso a paso con el proceso de inscripción de sus hijos mediante el Portal de Padres en ASPEN. Necesitará una cuenta de ASPEN antes de empezar este proceso de inscripción.

Si NO tiene una cuenta en ASPEN, haga clic en “**Request an account**” en la página de entrada y crea una. (Haga el favor de ver el documento “Como Crear Una Cuenta En ASPEN Para El Portal De Padres” si necesita ayuda.) Si ya tiene una cuenta de ASPEN en el Distrito Escolar de la Región de South Hunterdon, solamente tiene que introducir sus datos para acceder su cuenta. Si ha olvidado su contraseña, haga clic en “**Forgot Password**” para reestablecer una.

Para inscribir al estudiante en ASPEN (utilizando una cuenta de padres corriente en ASPEN):

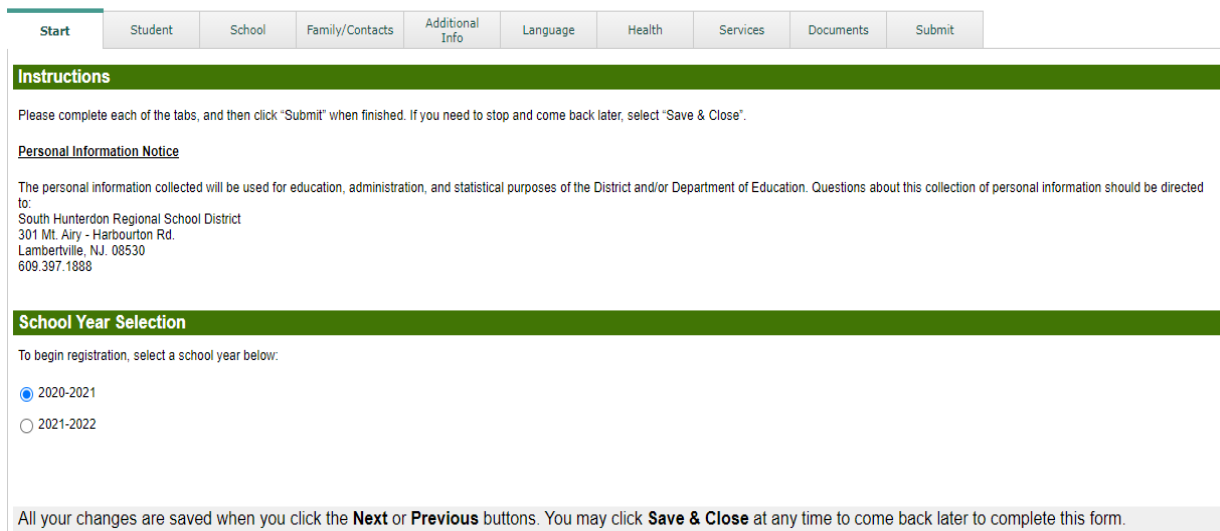
Visite la página de ASPEN del Distrito Escolar de la Región de South Hunterdon entrando en el siguiente enlace e introduzca sus datos: <https://nj-southhunterdon.myfollett.com/aspn/logon.do>

1. Haga clic en el botón “+Initiate” situado debajo de “*Start a new Online Registration*”.



TENGA EN CUENTA: Debe rellenar cada página completamente antes de continuar a la siguiente sección. Puede guardar sus respuestas para otro momento simplemente haciendo clic en “Save & Close” y seguir el proceso de inscripción la próxima vez que entre en ASPEN.

2. Elija el curso escolar en el que desea inscribir a su hijo/hija y haga clic en “Next”.

A screenshot of the ASPEN registration form. At the top, there is a navigation bar with tabs: 'Start', 'Student', 'School', 'Family/Contacts', 'Additional Info', 'Language', 'Health', 'Services', 'Documents', and 'Submit'. Below the navigation bar is a green header with the text 'Instructions'. Underneath, there is a paragraph of text: 'Please complete each of the tabs, and then click "Submit" when finished. If you need to stop and come back later, select "Save & Close".' Below this is a section titled 'Personal Information Notice' with a paragraph of text: 'The personal information collected will be used for education, administration, and statistical purposes of the District and/or Department of Education. Questions about this collection of personal information should be directed to: South Hunterdon Regional School District, 301 Mt. Airy - Harbourn Rd, Lambertville, NJ, 08530, 609.397.1888'. Below this is a section titled 'School Year Selection' with the text 'To begin registration, select a school year below:'. There are two radio buttons: one for '2020-2021' (which is selected) and one for '2021-2022'. At the bottom, there is a grey box with the text: 'All your changes are saved when you click the Next or Previous buttons. You may click Save & Close at any time to come back later to complete this form.'

3. Completa toda la información para el ESTUDIANTE.

Start Student School Family/Contacts Additional Info Language Health Services Documents Submit

Student Information

Legal Name

First * Preferred Name First

Middle

No middle name

Last *

Suffix

Gender *

Birth and Citizenship

Place of birth

City *

Country

State

Country *

Date first enrolled in US School (if not born US)

Country of citizenship

Age and Grade Level

Enter the student's date of birth, which will determine the grade for the school year.

Date of birth * Age 10

Age as of Oct 15

Grade level

4. No necesita completar la información en la pestaña "School" ya que son los administrativos los que deciden cual escuela debe asistir su hijo/hija.

Start Student School Family/Contacts Additional Info Language Health Services Documents Submit

School Selection

School placement will be assigned by the Registrar based on address and current enrollment numbers.

Previous Save & Close Next Cancel

5. Haga el favor de rellenar toda la información de los PADRES/TUTORES.

Start Student School Family/Contacts Additional Info Language Health Services Documents Submit

Parent/Guardian/Other Contact

Click on your name to complete your own record, then select Add to add any additional contacts for the student.

First Name	Last Name	#	Relationship	Portal Access	Phone 1	Phone 2	Email
<input type="checkbox"/> Susan	Clarkson	1	Guardian	Yes	609-655-1212		email@gmail.com
<input type="checkbox"/> Mary	Smith	1	Aunt	Yes	123-555-5555		email2@gmail.com

Add Delete

Legal Information

Is this student subject to a parenting plan or any court order?

Are there any orders of protection in place?

If you answered Yes to either of the questions above, you are required to submit copies of these documents to the school. Provide a brief summary here if you choose.

Siblings

Siblings ALREADY attending a school in this district

First Name	Last Name	Sibling Grade	School Name
No matching records			

Add Delete

Please provide below the names and birthdates of siblings of this student who are NOT registered in the South Hunterdon Regional School District.

All your changes are saved when you click the Next or Previous buttons. You may click Save & Close at any time to come back later to complete this form.

6. Completa toda la información adicional.

Start	Student	School	Family/Contacts	Additional Info	Language	Health	Services	Documents	Submit
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School History

Provide information about the student's last school or program attended.

Note: If "No Previous School" is not checked, all questions about the previous school are required.

No previous school	<input type="checkbox"/>	Previous school address	200 North Main Street
Date last attended	1/4/2021	Previous school city	Lambertville
Reason for leaving	Moved	Previous school state	NJ
Previous school grade	08	Previous school country	United States
Previous school district	LPS	Comment	
Previous school name	LPS		
Previous school phone	800-397-0819		

Is the student currently under a suspension or expulsion from a previous school?

No Under suspension from previous school? *

No Expelled from previous school? *

Previous attendance in this district *

Yes Has the student ever attended a school in this district? *

If yes, what is the name of the last school attended in this district?

Lambertville Public School

Additional Student Information

Is this student a military dependent? *

No Military Connection No Military Connection

Should student be considered for services as a member of a migrant worker family? *

No

All your changes are saved when you click the Next or Previous buttons. You may click Save & Close at any time to come back later to complete this form.

Ethnicity and Race

Hispanic or Latino *

No Yes

Select all that apply: *

African American Asian Caucasian Native American Pacific Island

Address Information

The physical address of the student must be entered. A mailing or other addresses should be entered only if different from the physical address.

Physical Address	Mailing Address
<input type="button" value="Edit"/> <input type="button" value="Delete"/>	Mailing address same as physical * <input checked="" type="checkbox"/> Yes

Housing / Residence

Housing status * Homeless

Yes Does the student share the primary residence with non-immediate family members (such as grandparents, friends, etc.)? *

Yes Is the student's current residence temporary? *

If the student's current residence is temporary, please select from the following options.

Doubled-Up, sharing housing

All your changes are saved when you click the Next or Previous buttons. You may click Save & Close at any time to come back later to complete this form.

7. Responda a las preguntas sobre su idioma.

Start	Student	School	Family/Contacts	Additional Info	Language	Health	Services	Documents	Submit
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Language Information

What is the first language this student learned to speak? *

English

What languages are most often spoken in this student's home? *

English

What language(s) does this student speak most often outside of school? *

English

What language does the child speak with his/her parent or guardian most of the time? *

English

What language does the child speak with his/her brothers and sisters (if applicable) most of the time? *

English

What language does the child speak with his/her friends most of the time? *

English

Has this student ever received ELL (ESL) classes in a previous school? *

No

Will you require an interpreter/translator at Parent-Teacher meetings? *

No

If yes, what language?

All your changes are saved when you click the Next or Previous buttons. You may click Save & Close at any time to come back later to complete this form.

8. Rellena toda la información médica del estudiante.

Start	Student	School	Family/Contacts	Additional Info	Language	Health	Services	Documents	Submit
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Primary Physician and Health Insurance

Physician: Insured? Yes No

Physician phone: Insurance Provider:

Dentist: Insurance Policy number:

Dentist Phone:

Hospital:

Hospital Phone:

NJ FamilyCare provides free or low cost health insurance for uninsured children and certain low income parents. For more information, call 800-701-0710 or visit www.njfamilycare.org to apply online. The South Hunterdon Regional School District may release my name and address to the NJ FamilyCare Program to contact me about health insurance.

Check the box here if you do NOT want to be contacted by the NJ FamilyCare Program about health insurance.

By entering a date in this field, I hereby certify that I do NOT want the name(s) and address(es) of the contacts listed on the "Family Contacts" tab in this process to be released to the NJ FamilyCare Program.

Medical Information

Please provide the following medical information

Has the student had any hospitalizations/surgeries? If yes, explain below. If no, enter "N/A".

Does the student require a daily medical procedure performed by a school nurse? If yes, please explain below. If not, enter "N/A".

Describe any additional medical conditions for this student. If none, enter "N/A".

Last Dental Exam: Last Eye Exam:

Wears Braces? No Yes Wears Contacts? No Yes Wears Glasses? No Yes

Scoliosis screening (checking for spinal curvature) is required by the State for students over 10 year of age. Do you consent to having your child screened by the School Nurse for scoliosis?
 Yes No

Medications and Allergies

What medications does the student take? If none, enter "N/A".

Do you give consent for the School Nurse to administer Acetaminophen/Tylenol, Ibuprofen, Benadryl? Yes No

Do you give consent for the School Nurse to administer cough drops? Yes No

Please select all allergies that apply for this student:
 Bee stings Food Latex Medication Requires Epi-pen

Provide any explanations for the selected allergies, or others not listed above.

Vision, Hearing and Speech

Does the student appear to have any vision, hearing or speech problems? If no, enter "N/A".

Socialization

Does the student get along well with others? If no, please explain below; otherwise, enter "Yes".

All your changes are saved when you click the Next or Previous buttons. You may click Save & Close at any time to come back later to complete this form.

TENGA EN CUENTA: La enfermera escolar puede solicitar más detalles acerca de la salud de sus hijos.

9. Haga el favor de indicar si su hijo/hija recibe servicios especializados actualmente en su escuela.

Start	Student	School	Family/Contacts	Additional Info	Language	Health	Services	Documents	Submit
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Special Education Support

No Yes Has the student previously received Special Education support? *

Type of program (if known):

No Yes Is the student currently receiving Special Education support? *

Type of program (if known):

504 Services

No Yes Has this student previously received services for a 504 plan? *

No Yes Is this student currently receiving services for a 504 plan? *

What services/accommodations are included in the 504 plan?

Social Emotional Health Services

The district has qualified staff to help students who are experiencing stress, sadness, anger, grief, and other emotions. You must provide consent for this type of care to be made available to your student. You will be notified and included in any plan for services. Please select which of the following this student has or is experiencing:

Parental divorce/separation Homelessness Foster care Death of close family Incarcerated parent Other trauma

If "Other Trauma" is checked, please use this space to add any more information.

10. La pestaña “Documents” incluye una lista de documentos que necesita entregar para finalizar la inscripción del estudiante.

Para subir una copia de sus documentos:

- Haga clic en el botón “+Add” a la izquierda de la parte inferior de la pantalla.
- Introduzca el nombre del documento y seleccione “type”.
- Haga clic en la flecha para elegir su documento y después haga clic en “Import”.
- Haga clic en “Save” y después “OK”.

11. Al finalizar el proceso de inscripción, haga clic en el botón “Submit” para enviar la información a la escuela.

TENGA EN CUENTA: Una vez que haga clic en el botón “Submit”, no podrá cambiar su información.