

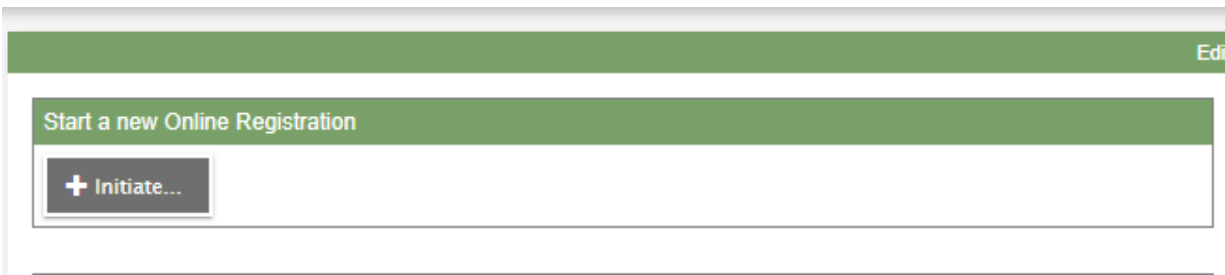
How to Register Your Student Using ASPEN

Welcome to South Hunterdon Regional School District! This document will take you step-by step through the registration process for your student through the ASPEN family portal. Please note that you will first need an ASPEN account in order to complete the registration workflow.

If you DO NOT have an ASPEN account, please click **“Request an account”** on the login page and create one. (Please see the “Create an Aspen Account” document if you need help) If you already have an ASPEN account with South Hunterdon Regional School District simply log into your account. If you do not recall your password, click on the **“Forgot Password”** link to reset it.

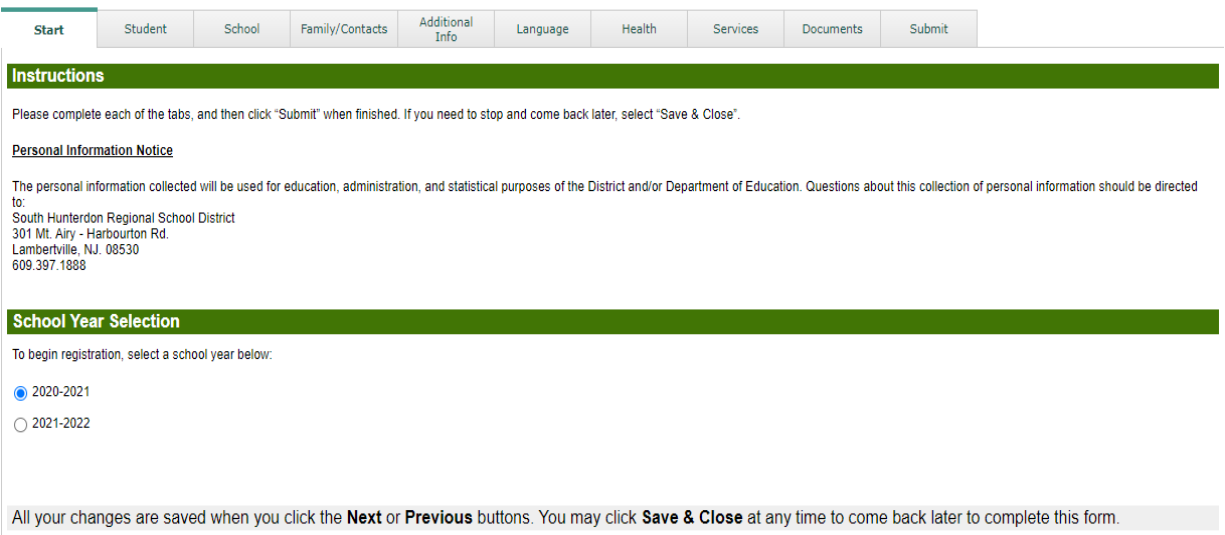
To register your student in ASPEN (with a current parent ASPEN account):

1. Go to the ASPEN home page for South Hunterdon Regional School District and login:
<https://nj-southhunterdon.myfollett.com/aspens/login.do>
2. Click on the +Initiate. button under Start a new Online Registration



PLEASE NOTE: You must complete each tab before moving on to the next section. You can click on **“Save & Close”** at any time and you will be able to log back into ASPEN and continue with the registration.

3. Select the school year for which you are registering your student and click **“Next”**.



4. Fill out all STUDENT information.

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

Legal Name First * <input type="text" value="Molly"/> Middle <input type="text"/> No middle name <input type="checkbox"/> Last * <input type="text" value="Clarkson"/>	Preferred Name First <input type="text" value="Molly"/>
Suffix <input type="text"/> Gender * <input type="text" value="F"/>	

Birth and Citizenship

Place of birth City * <input type="text" value="Trenton"/> County <input type="text" value="Mercer"/> State <input type="text" value="NJ"/> <input type="button" value="Q"/> Country * <input type="text" value="United States"/> <input type="button" value="Q"/> Date first enrolled in US School (if not born US) <input type="text"/> <input type="button" value="MM"/>	Country of citizenship <input type="text"/>
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Age and Grade Level

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

Date of birth *	<input type="text" value="3/31/2010"/> <input type="button" value="MM"/>	Age 10
Age as of Oct. 15	10	
Grade level	05	

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 <input type="button" value="Edit"/> <input type="button" value="Delete"/>	Mailing Address Mailing address same as physical * <input type="text" value="Yes"/>
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Housing / Residence

Housing status *

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

Is the student's current residence temporary? *

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

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.

5. There is nothing to complete on the "School" tab as the Registrar has the final decision on what school is assigned to the student.

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

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

6. Please enter all Parent/Guardian Information.

Start	Student	School	Family/Contacts	Additional Info	Language	Health	Services	Documents	Submit
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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	609-555-1212		email@gmail.com
<input type="checkbox"/> Mary	Smith	1	Aunt	Yes	123-555-5555		email2@gmail.com

Add **Delete**

Legal Information

No Yes * Is this student subject to a parenting plan or any court order?
 No Yes * 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.

7. Complete all additional information.

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"/> Date last attended: <input type="text" value="1/4/2021"/> Reason for leaving: <input type="text" value="Moved"/> Previous school grade: <input type="text" value="05"/> Previous school district: <input type="text" value="LPS"/> Previous school name: <input type="text" value="LPS"/> Previous school phone: <input type="text" value="609-397-0819"/>	Previous school address: <input type="text" value="200 North Main Street"/> Previous school city: <input type="text" value="Lambertville"/> Previous school state: <input type="text" value="NJ"/> Previous school country: <input type="text" value="United States"/> Comment: <input type="text"/>
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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 No * Has the student ever attended a school in this district? *
 If yes, what is the name of the last school attended in this district?

Additional Student Information

Is this student a military dependent? * No Military Connection
 Should student be considered for services as a member of a migrant worker family? *

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. Complete the Language Survey.

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? *

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

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

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

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

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

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

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

9. Complete all student health information **NOTE: Additional health information may be required by the school Nurse.**

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

Physician	<input type="text" value="Dr. Doolittle"/>	Insured? *	<input type="button" value="Yes"/>
Physician phone	<input type="text" value="609-555-1111"/>	Insurance Provider	<input type="button" value="Other"/>
Dentist	<input type="text" value="Dr. Tooth"/>	Insurance Policy number	<input type="text" value="12222222"/>
Dentist Phone	<input type="text" value="609-555-2222"/>		
Hospital	<input type="text" value="Loony Tunes"/>		
Hospital Phone	<input type="text" value="609-555-3333"/>		

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? Wears Contacts? Wears Glasses?

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?

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?

Do you give consent for the School Nurse to administer cough drops?

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.

10. Please indicate if student is currently receiving any services.

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

Has the student previously received Special Education support? *

Type of program (if known)

Is the student currently receiving Special Education support? *

Type of program (if known)

504 Services

Has this student previously received services for a 504 plan? *

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.

11. The Documents tab must contain a list of required documents. To upload:
 - a. Click the “+Add” button at the bottom left of the screen.
 - b. Enter the name of the document and select “type”.
 - c. Click on the arrow to select your document, then click “Import”.
 - d. Click “Save” and then “OK”.

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

Documentation

Required Documentation for New Students to this district:
 When you visit your school to complete this registration, you must submit **four (4)** of the following for proof of residency:

- Title Evidence **
- Mortgage Statement **
- Lease Agreement **
- Property Tax Bill **
- Driver's License
- Bank Account Paperwork
- Voter's Registration Card
- Home Insurance Policy
- Home Loan Payment Book
- Utility Bill

** = Preferred

The school requires these additional documents at the time of registration:

- A copy of the student's original birth certificate
- A Physical Form completed and signed by the Physician with Immunizations records
 - Physical Form (grades 7-12)
 - Physical Form (grades PK-6)

Please print, complete and upload the forms below with your registration in order to expedite the registration process:

- Student Medical History Form (grades PK-6) – completed by parent/guardian
- Records Release Form
- Legal/Guardian Documents (If Applicable)
- IEP/504 Documents (If Applicable)

Name	Type	Filename	Document
No matching records			

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.

12. Once you are finished, click the “Submit” button to submit the information to the Registrar.

NOTE: Once you click “Submit” you will not be able to edit this form again.

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

Done!

AFFIDAVIT OF APPLICANT SEEKING ENROLLMENT

I, the parent/guardian, am seeking to enroll this student in the South Hunterdon Regional School District and hereby certify that the attached information is accurate. I also certify that I will contact the school if any changes to this information is made. I understand that, if this application is deemed "incomplete" in any way by the South Hunterdon Regional School District, the above-named student will not be granted enrollment until such time it is deemed "complete".

By entering my full name and the date below, I acknowledge and agree that this is an electronic signature that will have the same legal significance as if it were an original.

Affidavit Date *

Affidavit Signature *

Congratulations! You have reached the end of the Registration form.

Your registration will be reviewed and someone from the appropriate school will contact you with further information. If you need to contact us for any reason, please contact the school directly:

- Lambertville Public School
- South Hunterdon Regional High School
- West Amwell Township Elementary School

Enter any final notes or comments for the registrar (optional)

Click each tab and review the information. When all information is accurate and complete, click **Submit**.

Note: Once you click **Submit**, you will not be able to edit this form.