

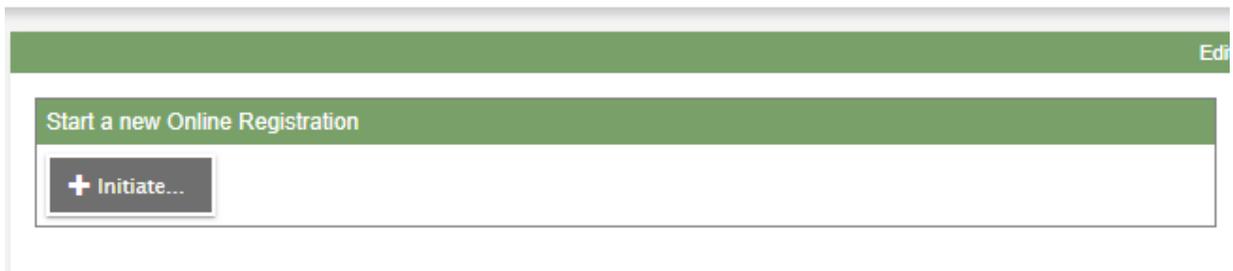
Cómo Registrar a Su Estudiante usando ASPEN

¡Bienvenido al Distrito Escolar Regional de Morris Hills! Este documento le guiará paso a paso para registrar a su estudiante a través del Portal Familiar de ASPEN. Tenga en cuenta que primero necesitará una cuenta de ASPEN para completar el proceso de registración.

- Si **NO** tiene una cuenta, haga clic en "**Request an Account**" y cree una.
- Si **SI** tiene una cuenta pero no recuerda su contraseña, haga clic en el enlace "**Forgot Password**" para ser ayudado.
- Si ud. tiene un estudiante actualmente en el distrito, y olvidó su nombre de usuario, envíe un correo electrónico a **dhara-aguayo@mhrd.org**

Para registrar a su estudiante en ASPEN:

1. Entre a la página de ASPEN desde el sitio web del Distrito Regional de Morris Hills e inicie la sesión: <https://nj-mhrd.myfollett.com/aspn/logon.do>
2. Haga click en el botón "**+ Initiate**" ubicado debajo de "**Start a new Online Registration**".



IMPORTANTE: Necesitas completar cada sección antes de pasar a la siguiente. Puedes hacer click en "**Save & Close**" en cualquier momento, salir y luego regresar y seguir con la sesión. Continuar con el proceso hasta que termine la registración.

3. Seleccione el año escolar y haga click en "Next"

The screenshot shows a web form titled "Regional District 2020-2021" with a navigation bar containing tabs: Start, Student, School, Family/Contacts, Additional Info, Language, Health, Services, Documents, and Submit. The "Start" tab is active. Below the navigation bar is a green header for "Instructions" with the text: "Please complete each of the tabs, and then 'Submit' when finished. If you need to stop and come back later, select 'Save & Close'." Below this is a "Personal Information Notice" section with contact details for the Registrar: "48 Knoll Drive, Rockaway, NJ 07866", "973-664-2280", and "registrar@mhrd.org". The main section is "School Year Selection" with the instruction: "To begin registration, select a school year below:". There is a radio button next to "2020-2021". At the bottom, a note states: "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." At the very bottom are four buttons: "Previous", "Save & Close", "Next", and "Cancel".

4. Llene toda la información del ESTUDIANTE

The screenshot shows the "Student Information" step of the registration form. The navigation bar is the same as in the previous screenshot, but the "Student" tab is now active. The "Student Information" section contains several input fields: "Legal Name" with sub-fields for "First *", "Middle", "No middle name" (checkbox), and "Last *"; "Suffix" (dropdown menu); "Gender *" (dropdown menu); and "Student Personal Email" (text input field). Below this is the "Birth and Citizenship" section with fields for "Place of birth": "City", "State" (with a search icon), "Country of Birth *" (with a search icon), and "Date first enrolled in US School" (calendar icon). The final section is "Age and Grade Level" with the instruction: "Enter the student's date of birth, which will determine the grade for the school year." It contains a "Date of birth *" field (with a calendar icon) and an "Age" field.

5. Seleccione la escuela apropiada según la dirección donde vive. *Por favor tenga en cuenta que la persona que hace las registraciones tendrá la última palabra en asignarlo a la escuela correspondiente.*

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

School Selection

Please select the School you think that the student will attend. **PLEASE NOTE** the school assigned is based on your address. Final School assignment will be determined by the school Registrar.

Required: Select the school appropriate for your address

Selected: Filter this list by school name or city:

	Requested School	Address	City	Phone	Start Grade	End Grade
<input type="radio"/>	Morris Hills Adult High School	50 Knoll Dr	Rockaway	973-664-2232	09	A2
<input type="radio"/>	Morris Hills High School	520 W Main St	Rockaway	973-664-2313	08	12
<input type="radio"/>	Morris Knolls High School	50 Knoll Dr	Rockaway	973-664-2210	08	12
<input type="radio"/>	Vo-Tech Choice & NonPublic for transportation				08	12

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. Por favor, ingrese la información de los padres o tutores. *Deberá ingresar por lo menos dos contactos.*

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. **Please provide a minimum of 2 contacts.**
Note: Contacts 1 and 2 phone numbers and email addresses will be used for school Alerts

	First Name	Last Name	#	Relationship	Portal Access	Phone 1	Phone 2	Email
<input type="checkbox"/>	Susan	Andersen	1		Yes	908-230-1215	(973) 664-2295	sandersen@mhrd.org

Legal Information

Is this student subject to a parenting plan or any court order?
 If you answered **Yes** to the question 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
<input type="checkbox"/>	Sample	White	09	Morris Knolls High School

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 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

No previous school	<input type="checkbox"/>	Previous school address	<input type="text"/>
Date last attended	<input type="text"/>	Previous School City	<input type="text"/>
Reason for leaving	<input type="text"/>	Previous school state	<input type="text"/>
Previous school grade	<input type="text"/>	Previous school country	<input type="text"/>
Previous school name	<input type="text"/>	Comment	<input type="text"/>
Previous school phone	<input type="text"/>		
Previous school email	<input type="text"/>		

I consent to the release of previous school records to Morris Hills Regional School District.

To complete the transfer of records, use the link below and download the Transfer of Records & Release Form. This must be filled out and provided to MHRSD before the student can be registered. You may complete the form, scan it, and upload it with other documents on the "Documents" tab within this registration.

[Transfer of Records & Release Form](#)

Additional Student Information

Before completing this section, you may read more about the information being requested and policies to be accepted, by using these links:

[Technology Acceptable Use Policy](#)
[Other Policies and Sign-off Agreements](#)

Is this student a military dependent? If so, select type:

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

8. Complete el cuestionario acerca del idioma que habla el estudiante.

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

Question 1. What was the first language learned by the student? If English, skip to 2b. If other than English, proceed to 2a*

Question 2a. At home, does the student hear or use a language other than English more than half of the time? If Yes, skip to 7. If No, proceed to 4.

Question 2b. At home, does the student hear or use a language other than English more than half of the time? If Yes, skip to 4. If No, proceed to 3.

Question 3. Does the student understand a language other than English? If Yes, proceed to 4. If No, you've completed the Language Survey. Use "Next" to proceed to the Health tab.

Question 4. When interacting with his/her parents or guardians, does the student use a language other than English more than half of the time? If Yes, skip to 7. If No, proceed to 5.

Question 5. When interacting with caregivers other than their parents or guardians, does the student use a language other than English more than half of the time? If Yes, proceed to Question 8. If no, proceed to Question 6.

Question 6. Has the student recently moved from another school district/charter school where he/she was identified as an English language learner? If yes, proceed to Question 8. If no, you have completed the Language Survey. Choose "Next" to go to the Health tab.

Question 7. What are the home languages spoken? List below and proceed to Question 8.
Main language spoken at home
Second language spoken at home

Question 8. English Language Learner (ELL) - Does the student need ELL Services?. After answering, choose "Next" to go to the Health tab.
Student Needs ELL Services

9. Complete la información sobre la salud del estudiante. *Tenga en cuenta que la escuela requiere información adicional acerca de la salud. La enfermera se comunicará con ud. para pedirle las vacunas al día y un físico.*

Regional District 2020-2021

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

Primary Physician and Health Insurance

* Note: if Student has Health Insurance, the Insurance Name & Policy Number are required.

Physician	<input type="text"/>	Student Has Health Insurance *	<input type="text"/>
Physician phone	<input type="text"/>	Insurance name	<input type="text"/>

Medical Information

Please provide the following medical information and permissions.

I agree to the [Health Services Agreement](#).

I give consent for the school nurse to share health information with appropriate school personnel for my child. *

I give consent for the school nurse to contact my child's physician regarding health information as needed. *

If any of the student's contact persons are not available, you may call our family physician. You have my permission to transport my child to a hospital in case of an emergency. *

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. Por favor, indique si el estudiante esta recibiendo algún tipo de servicio.

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

Special Education Support

Is the student **currently** receiving Special Education support?

Type of program (if known)

504 Services

Is this student **currently** receiving services for a 504 plan?

What services/accommodations are included in the 504 plan?

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.

11. En la sección Documentos encontrará una lista de los documentos requeridos para completar la registración. Para subir estos documentos a la página de registración haga click en **"Upload"**, escriba el nombre del documento, seleccione el tipo de documento, presione la flecha para seleccionar su documento, luego haga clic en **"Import"**, en **"Save"** y luego **"OK"**.

Documentation

Required Documentation for New Students to this district:

Upload an electronic (scanned) copy of the student's Birth Certificate and of an ID for the parent completing this registration.

In addition, upload electronic copies of proofs of residency (1 from Column A and 1 from Column B) as follows:

Column A (Must submit one):

- Deed *
- Current Mortgage Monthly Statement *
- Tax Bill from Municipality *
- Closing Statement showing Ownership*
- Current complete Lease/Rental Agreement with signatures *

AND

Column B (Must submit one):

- Driver's License (both sides) *
- NJMVC Non-driver ID Card
- Voter Registration Card
- Current DMV Automobile Registration Card
- Homestead Rebate Claim *
- Two Utility Bills (gas, electric, water, etc.; no cell phone bills), Bank Statement *

* Financial Information/License # can be blacked out.

Name	Type	Filename	Document
No matching records			

Upload Delete

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.

Previous Save & Close Next Cancel

12. Escriba su nombre y la fecha de hoy. Una vez que haya terminado podrá mandar toda la información al Registrador, por favor haga clic en **"Submit"**. **Una vez que haga clic en "Submit", ya no podrá volver a editar este formulario.**

Done!

I understand that if any of the information provided above changes, for any reason, it is my responsibility to immediately notify the Chief School Administrator for Morris Hills Regional District.

I certify that I am the parent or legal guardian of the student listed in this enrollment application. I further certify that I reside with this student at the address I listed in this application.

If the information provided is false, the Morris Hills Regional District Board of Education may seek to recover from you the cost of the education for the year(s) involved, at a cost of approximately \$19,250.00 annually. In addition the Board of Education may file, in the appropriate court, a disorderly person's charge against you for any willful misstatement.

By signing below, I certify that the above statements and attachments are true and complete to the best of my knowledge. I know that if they are willfully false, I am subject to punishment, including, but not limited to prosecution and personal liability for the payment of tuition for the entire school year, or any portion thereof.

Please enter your name below: This is a legally binding electronic signature that confirms all information provided here is complete and accurate to the best of your knowledge. A copy of this signature will be added to district registration forms, which can be downloaded and saved from the Checklist page.*

Signature *

Date *

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

Edit this text to provide additional instructions to parent/guardian upon submission of the registration -> change this text by searching for key: 'olrForm.parentInstructionsAfterSubmitting'

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.