

How to Register Your Student Using ASPEN

Welcome to Morris Hills Regional School District! This document will take you step-by step in registering your student through the ASPEN family Portal. Please note that you will first need an ASPEN account in order to complete the registration workflow.

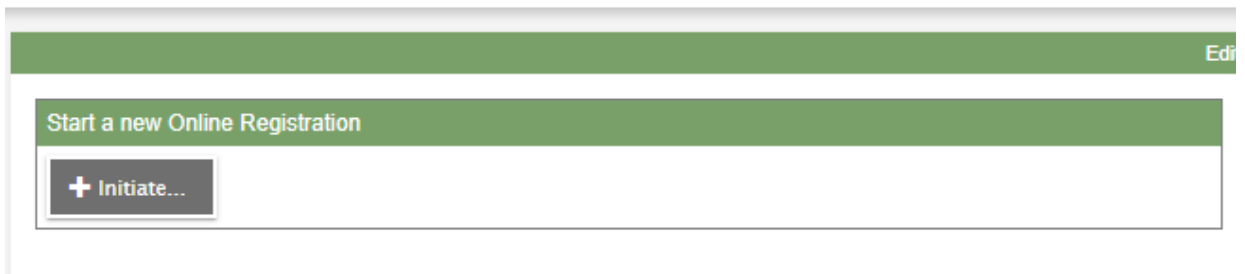
If you DO NOT have an Account Please Click **Request an account** and create one.

If you do not know your password click on **Forgot Password** link for assistance.

If you have a current student and forget your username please email ptyson@mhrd.org.

To register your student in ASPEN:

1. Got to the ASPEN home page for Morris Hills Regional School and Login:
<https://nj-mhrd.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 will be able to log back in and continue with the registration.

3. Select the School Year and click Next

Regional District 2020-2021

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

Instructions

Please complete each of the tabs, and then "Submit" when finished. If you need to stop and come back later, select "Save & Close".

Personal Information Notice

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 Registrar
48 Knoll Drive, Rockaway, NJ 07866
973-664-2280
registrar@mhrd.org

School Year Selection

To begin registration, select a school year below:

2020-2021

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

4. Fill out all STUDENT information

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

Student Information

Legal Name

First *

Middle

No middle name

Last *

Suffix

Gender *

Student Personal Email

Birth and Citizenship

Place of birth

City

State

Country of Birth *

Date first enrolled in US School

Age and Grade Level

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

Date of birth *

Age of Student

5. Select the School Appropriate for you address: *Please Note that the Registrar has the final decision on what school is assigned.*

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. Please enter in Parent/Guardian Information. *A minimum of two Contacts must be added.*

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 all Additional Info

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. Language Survey

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. Health Information *Please NOTE Additional Health Information is required by the School Nurses Office.*

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. Please indicate if student is currently receiving any Services.

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. The Documents tab contains a list of required documents. To upload click +upload, Type name of document, Select type, click on arrow to select your document, then click Import, 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:

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): AND **Column B (Must submit one):**

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

- 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. Once you are finished you may submit information to the Registrar.

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!

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.