Aspen Online Registration
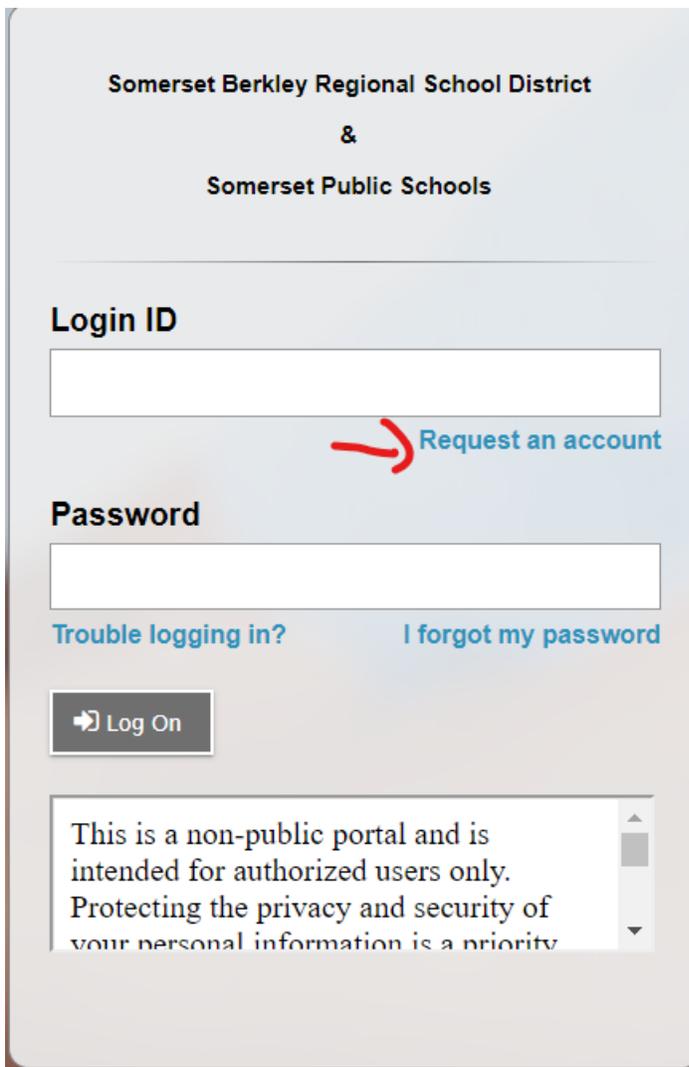
Instructions for Parents without Aspen Accounts

Parents/Legal Guardians New to the District that don't have an Aspen account, here's what you need to do:

1.   Visit our Aspen Website

Please be sure to click on our Aspen website: Aspen: Log On (myfollett.com)

2.   Click on "Request an Account"

3.   Request Account Screen

Select the appropriate type. Brand new parents to the district would select the first option. Any parents with students currently enrolled in our district but doesn't have an Aspen account, would select the 2nd option.

Then click on "Next Step".

Enter your information and click on "Next Step".

Account Information

Please fill in your user account information below.

Primary email *	
Confirm email *	
Account Password *	••••••••••• Requirements
Confirm Password *	
Security question *	What are the last 4 digits of your SSN? ⌄
Security answer *	
Confirm answer *	

← Previous Step   Create My Account   ✖ Close

Complete this information and then click on "Create My Account". Aspen will send you an email notification with your login information. Once you have that, then proceed to the next step to start the registration process.

Welcome to our new online registration system!

Here are the step-by-step instructions on how to register your child through Aspen.

If you have any questions regarding registration process, please contact the school directly. However, if you have any issues or questions about how to use the program or your login credentials, please contact Andrea Smith, Data & Information Manager at smitha@sbregional.org

1. Log into your Parent Aspen Account
2. Pages Top Tab
3. New Student Registration Section
4. Click on "Initiate" icon underneath the title that says "Start a new Student Registration"

Throughout the online registration program, there will be links to our district website for additional information, policies, acknowledgements, handbooks, etc. for you to review. Please sure to click on those links (it should open a new tab on your browser to view the information) in order to sign off on policies and acknowledgements in Aspen.

At any time, if you cannot finish, please be sure to click on "Save & Close" so you don't lose what you have done.

5. Start Tab

Click on the appropriate school year that you are registering your child for. For example, "2022-2023" for the upcoming school year. Then click on "Next" to continue.

6. Student Information Tab

Please enter your child's information on this tab.

*For the adjusted grade level, this will only pertain if your child should be in a grade less than what appears for Grade Level. For example, it shows 01 for Grade Level based on the date of birth, but you feel your child should be in Kindergarten, then you would enter KF for kindergarten.

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 cannot be a PO Box. It needs to be your house number and street name.
PO Box information can only be listed under Mailing Address.

Physical Address

[Edit] [Delete]

Mailing Address

Mailing Address Same as Physical * [Yes ▾]

*If you click on "Edit" under Physical Address, it will automatically pull up your current address like this:

https://ma-somerset.myfollett.com/aspen/embeddedDetail.do?embeddedDetailId=physicalAddress&prefix=SCD&context=onlineRegistration.01.portal.student.a...   — □ ✕

🔒 https://ma-somerset.myfollett.com/aspen/embeddedDetail.do?embeddedDetailId=physicalAddress&prefix=SCD&context=onlineRegistration.01.port...   Aⁿ

Enter the student's address. Then check the **Formatted address** below to verify accuracy.

Street number	104	City *	Somerset
Address Line 01 *	Smith	State *	MA
		Postal code *	02726

Unit Number Example: Apt 2A, 3rd Floor, Unit 2B, or Suite 3300

Formatted Address: 104 Smith
Somerset MA 02726

[☑ OK] [✖ Cancel]

If you need to change it, you can do it here. If you have any address changes, you will need to submit updated proof of residency.

McKinney-Vento

The McKinney-Vento Act is a federal law guaranteeing all children and youth the right to an equal education, regardless of their living situation. Protection under the McKinney-Vento Act extends to those who lack a fixed, regular, and adequate nighttime residence. This survey is in compliance with the McKinney-Vento Act, U.S.C.A. 2, Section 11302(a) and is required by law to register students for school in the United States.

For more information about McKinney-Vento, please click on this link: HomelessMcKinney-Vento

[▾] Is your current address a temporary living arrangement due to loss of housing or economic hardship?

[▾] Housing Status

[▾] Is this student currently in foster care?

[▾] Is this student an unaccompanied youth (homeless)?

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]

*If your current address is a temporary living arrangement, you will need to select "Yes", and then select the appropriate the option under "Housing Status".

*If the student is currently in foster care, then you will select "Yes".

* If the student is an unaccompanied youth, then you will select "Yes".

Click on Next to continue.

7. School Tab

This is where you will select the appropriate school.

For elementary, you will need to select the school that pertains to your address. **If you are not sure which elementary school pertains to you, please click on the "Street Listings" link to find your street address and see which elementary school you belong to.**

For Sped Services Only School, this is for residents who want their child to be tested for Special Education Services only BUT DOES NOT ATTEND any of our schools currently.

Start	Student	School	Family/Contacts	Previous School History	Consents	Transportation	Language	Health	Services	Preschool/Kindergarten Only	Documents	Submit

School Selection

For K-5 elementary level registrations, if you are not sure which elementary school belongs to your street address, please click on this link to view the street listing: Street Listings

Somerset Public Schools utilizes buffer zones for elementary schools. Please click on this link for further information about buffer zones: Buffer Zones

Residents who are requesting testing or an evaluation for their child for Prek-8 Sped Services or Early Intervention (EI), please select: Somerset K-8 Sped Services Only. For Grs. 9-12, please select SB Regional Sped Services Only. **The Sped Services Only schools are only for residents who are requesting testing or an evaluation for their child.**

Preschool registrations are offered at the North Elementary School only so please select North Elementary School for preschool registrations.

Schools in the Somerset Public Schools and Somerset Berkley Regional District

Chace Elementary School
- Grades K-5
- 538 Chace Street, Somerset, MA 02726
- Phone: (508) 324-3160

North Elementary School
- Grades Prek-5
- 580 Whetstone Hill Road, Somerset, MA 02726
- Phone: (508) 324-3170

South Elementary School
- Grades K-5
- 700 Read Street, Somerset, MA 02726
- Phone: (508) 324-3180

Somerset Middle School
- Grades 6-8
- 1141 Brayton Avenue, Somerset, MA 02726
- Phone: (508) 324-3140

Somerset Berkley Regional High School
- Grades 9-12
- 625 County Street, Somerset, MA 02726
- Phone: (508) 324-3115

Special Education Services Only
- Grades PK-12
- 580 Whetstone Hill Road, Somerset, MA 02726
- Phone: (508) 324-3100

Selected: **Chace Elementary**

Filter this list by School
Name or City:

	School	Line1	City	Phone1	StartGrade	End Grade
◉	Chace Elementary	538 Chace Street	Somerset	508-324-3160	KF	05
○	North Elementary	580 Whetstone Hill Rd.	Somerset	508-324-3170	PK	05
○	Somerset K-8 SPED Services Only	580 Whetstone Hill Road	Somerset	508-324-3100	PK	08
○	South Elementary	700 Read Street	Somerset	508-324-3180	KF	05

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

Click on Next to Continue.

8.   Family/Contacts Tab

Your information will automatically appear here. Click on your name to review the information listed. If you need make any changes, please do so here.

Complete this form for each parent/guardian

First Name *	William
Last Name *	Smith
Gender	▾
Relationship *	Father ▾
Allow Portal Access?	Yes ▾

Contact Order/Priority

Contact priority in case of an **emergency** 1

Email Address

For custodial parents/guardians, a primary email is required for **each** parent/legal guardian where applicable. Please do not use the same email address for both parents.

Primary Email   andrea.smith@somersetschools.org
Alternate Email

Phone Information

Enter at least one phone number

Priority #	Number	
Home Phone *	508-555-5555	Phone numbers will be formatted according to the pattern:
Cell Phone	888-512-9000	'918-123-4567'
Work Number	508-444-4444	or with an extension
		'918-123-4567 x123'

Contact Questions

Does this contact live with this student?	⦿ Yes	◯ No
Is this contact a guardian for this student?	◯ Yes	◯ No
Does this contact have custody of this student?	⦿ Yes	◯ No
Should this contact receive email for this student?	⦿ Yes	◯ No
Should this contact receive mail from the school for this student?	⦿ Yes	◯ No
Does this contact have access to this student?	⦿ Yes	◯ No
Does this contact have access to this student's school records?	⦿ Yes	◯ No

Address fields are optional for non-custodial contacts but required for each parent/guardian

Physical Address

* Is the physical address the same as the student? Yes ▾

Mailing Address

* Mailing address same as the physical address? Yes ▾

Click "OK' to go back to the Family/Contacts Tab.

Parent/Legal Guardian Contact 2

First Name	Last Name	#	Relationship	Portal Access	Home Phone	Cell Phone	Email
No matching records							

+ Add   **🗑 Delete**

To add additional parent/legal guardian, click on "Add" and complete the information. *For email addresses, each parent needs their own email address or leave it blank for parent/legal guardian 2 if it's the same as parent/legal guardian 1 or if they don't have one. We cannot have both parents/legal guardians with the same email address. Click on "OK' when you're done so you can go back to Family/Contacts Tab again.

https://ma-somerset.myfollett.com/aspen/childDetail.do?prefix=SCP&context=onlineRegistration.01.portal.family.contact.detail.sb&readOnly=false&detailSet... — ☐ ✕

🔒 https://ma-somerset.myfollett.com/aspen/childDetail.do?prefix=SCP&context=onlineRegistration.01.portal.family.contact.detail.sb&readOnly=fals... A⋀

Complete this form for each parent/guardian

First Name *	[_____]
Last Name *	[_____]
Gender	[▾]
Relationship *	[▾]
Allow Portal Access?	[▾]

Contact Order/Priority

Contact priority in case of an **emergency** [1]

Email Address

For custodial parents/guardians, a primary email is required for **each** parent/legal guardian where applicable. Please do not use the same email address for both parents.

Primary Email	[_____]
Alternate Email	[_____]

Phone Information

Enter at least one phone number

Priority #	Number	
Home Phone *	[_____]	Phone numbers will be formatted according to the pattern:
Cell Phone	[_____]	'918-123-4567'
Work Number	[_____]	or with an extension '918-123-4567 x123'

Contact Questions

Does this contact live with this student?	○ Yes	○ No
Is this contact a guardian for this student?	○ Yes	○ No
Does this contact have custody of this student?	○ Yes	○ No
Should this contact receive email for this student?	○ Yes	○ No
Should this contact receive mail from the school for this student?	○ Yes	○ No
Does this contact have access to this student?	○ Yes	○ No
Does this contact have access to this student's school records?	○ Yes	○ No

Address fields are optional for non-custodial contacts but required for each parent/guardian

Physical Address

* Is the physical address the same as the student? [▾]

Mailing Address

* Mailing address same as the physical address? [▾]

Additional Contacts

Please add additional contacts. Do not add contacts together: Jane/John Doe. Enter each contact individually: Jane Doe

First Name	Last Name	#	Relationship	Portal Access	Home Phone	Cell Phone	Email
				No matching records			

➕ Add   🗑 Delete

To add additional contacts like grandparents, relatives, or authorized people for student pick up, please click on "Add" to enter the information for each person you want included.

Legal Information

⬇ Is there a custody agreement? If yes, a copy needs to be submitted and current.

⬇ Is there a No Contact Order? If yes, court documentation needs to be submitted and current in order for it to be enforced.

Siblings

Siblings ALREADY attending a school in this district

	First Name	Last Name	Sibling Grade	School Name
☐	Taylor2	Smith	10	Somerset Berkley Regional High School

➕ Add   🗑 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

*If there is a custody agreement, please select "Yes" and we will need a copy of it.
*If there is a No Contact Order, please select "Yes" and we will need a copy of it.

Siblings: If there are any siblings currently enrolled in our district and it's linked to your parent account, it will show up here.

Click on "Next" to continue.

9. Previous School History Tab

If your child has never attended school before, then please click on the box next to "No Previous School".

If your child previously attended another school, please complete as much of the information as possible.

You will need to answer both questions regarding suspension/expulsion

If your child previously attended one of our schools before, select Yes and enter the name of the school.

Click on "Next" to continue.

10.   Consents Tab

You will need to complete all of the information on this tab. Under District/School Policies & Acknowledgements, please click on the link for "Acknowledgements" to view all of these policies and acknowledgements for you to review and sign off.

Additional Student Information

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

* Should this student be considered for services as a member of the Title VII's Indian Education Program?

Title VII Program

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

What is the Migrant Education Program (MEP)?

Consent to Release Student Directory Information

Limited information (called "Directory Information") such as name, age, grade level and a photo or likeness is sometimes made available to entities outside district staff for specific purposes. Indicate your approval to release this information to the organizations below.

* Photo or Video Image on Social Media

* Photo or Video Image on School Events/Publications/Websites

* Photo or Video Image on Local TV and Newspapers

* College Recruiters

* Military Recruiters (including address and phone number)

District/School Policies & Acknowledgements

The following policies and acknowledgements are available by clicking on Acknowledgements.

I have reviewed and/or consent to the following:

* Student Handbook

* Acceptable Use Policy (including Maintenance Plan/Agreement).

* Sharing Information with Medicaid/CHIP

* Bullying Intervention & Prevention Plan

* Maintain Student Confidentiality During School Visits Policy

* Non-Discrimination Policy

* Asbestos Policy

* Teaching about Alcohol, Tobacco & Drug Use by Students Prohibited

* Teaching about Alcohol, Tobacco & Drugs

* Additional Information for Parents

* Title 1 Home/School Involvement Compact

* Payment for SMS and SBR Policy/Maintenance/Agreement Extended Maintenance Fee is available by clicking on the My School Bucks link

Medicaid Information

Massachusetts Parental Notice for One Time Consent to Allow the School District

To Access MassHealth (Medicaid) Benefits

School District Name and Code: Somerset Public Schools(0273) and Somerset Berkley Regional District (0763)

School/District Contact: Megan Ashton, Director of Special Education

Dear Parent/Guardian:

The purpose of this letter is to ask for your permission (also known as consent) to share information about your child with MassHealth. Local communities in Massachusetts have been approved to receive partial reimbursement from MassHealth for the costs of certain health-related services provided by the district to your child (or children). In order for your community to get back some of the money spent on services, the school district needs to share with MassHealth the following types of information about your child: name; date of birth; gender; type of services provided, when, and by whom; and MassHealth ID.

With your permission, the school district will be able to seek partial reimbursement for services provided by MassHealth, including, among others, a hearing test or eye exam; a school physical; occupational or speech or physical therapy; some school nurse visits; and counseling services with the school social worker or psychologist. Each year, the district will provide you with notification regarding your permission; you do not need to sign a form every year.

The school district cannot share with MassHealth information about your child without your permission. As you consider giving permission, please be advised of the following:

1. The school district cannot require you to sign up for MassHealth in order for your child to receive the health-related and/or special education services to which your child is entitled.

2. The school district cannot require you to pay anything towards the cost of your child's health-related and/or special education services. This means that the school district cannot require you to pay a co-pay or deductible so that it can charge MassHealth for services provided. The school district can agree to pay the co-pay or deductible if any such cost is expected.

3. If you give the school district permission to share information with and request reimbursement from MassHealth:
   a. This will not affect your child's available lifetime coverage or other MassHealth benefit; nor will it in any way limit your own family's use of MassHealth benefits outside of school.
   b. Your permission will not affect your child's special education services or IEP rights in any way, if your child is eligible to receive them.
   c. Your permission will not lead to any changes in your child's MassHealth rights; and
   d. Your permission will not lead to any risk of losing eligibility for other Medicaid or MassHealth funded programs.

4. If you give permission, you have the right to change your mind and withdraw your permission at any time.

5. If you withdraw your permission or refuse to allow the school district to share your child's records and information with MassHealth for the purpose of seeking reimbursement for the cost of services, the school district will continue to be responsible for providing your child with the services, at no cost to you.

I have read the notice and understand it. Any questions I had were answered. I give permission to the school district to share with MassHealth records and information concerning my child(ren) and their health-related services, as necessary. I understand that this will help our community seek partial reimbursement of MassHealth covered services.

Medicaid Signature [_____] Medicaid Date [_____] [▦]

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.

Click on "Next" to continue.

11.   Transportation Tab

Complete the information regarding your child's transportation requests. Please note that there is no transportation for preschool students.

If your child does not need transportation, click on "No" under Transportation Requested, and then select the appropriate option for "Will your child be" about how your child will be getting to school.

Start	Student	School	Family/Contacts	Previous School History	Consents	**Transportation**	Language	Health	Services	Preschool/Kindergarten Only	Documents	Submit

Transportation

Transportation may be provided to and/or from home/sitter/joint custody locations.

The Somerset Public Schools Transportation Policy allows for one pick up and one drop off location only within your child's school zone. AM/PM can be different but only one location each. Please note that there is no transportation for preschool students.

[⌄] Transportation Requested

Will your child be: [⌄]

Morning Pick-Up Address

[⌄] Is the morning pick-up address the same as the student's physical address?

Enter the morning pick-up address within your child's school zone

[   ]

Afternoon Drop-Off Address

[⌄] Is the afternoon drop-off address the same as the student's physical address?

Will your child be: [⌄]

Enter the afternoon drop-off address within your child's school zone

[   ]

Delay Openings

[⌄] Will the same action be taken when school is delayed?

[⌄] Is the address the same as the one you just entered?

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.   Language Tab

Please complete the information regarding home language. If parents/legal guardians need a translator and/or require written information from school in their native language, please select "Yes" and choose the appropriate language you need.

Start	Student	School	Family/Contacts	Previous School History	Consents	Transportation	**Language**	Health	Services	Preschool/Kindergarten Only	Documents	Submit

Home Language Information

Country of Birth * [dropdown]

Date First Enrolled in ANY U.S. School (grades K-12) * [text field] [calendar icon]

What language is most often spoken in this student's home? * [dropdown]

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

How many years has the student been in U.S. Schools? (not including pre-kindergarten) [text field]

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

Language 1 [dropdown]   Frequency [dropdown]
Language 2 [dropdown]   Frequency [dropdown]

Which languages does your child use?

Language 1 [dropdown]   Frequency [dropdown]
Language 2 [dropdown]   Frequency [dropdown]

Will you require written information from school in your native language? [dropdown]
If yes, what language? [dropdown]

Will you require an interpreter/translator at Parent-Teacher meetings? [dropdown]
If yes, what language? [dropdown]

Click on "Next" to continue.

13.   Health Permissions

This information is for the nurses. Please complete the information on this tab.

Health Permissions

By selecting "Yes", I give permission to the school nurse to share information relevant to my child's health condition with appropriate school and/or emergency personnel including my child's primary care physician(s) for the purpose of referral, diagnosis and treatment when needed to meet my child's health and safety needs.

Health Exchange * [▾]

Signature [   ]

Date [   ] [▦]

By selecting "Yes", I give consent to any treatment and/or hospital care including immediate delivery to a local hospital for emergency treatment of my child that arises during regular school hours or school activities. I understand that this consent is given at the request of the school district and the local hospital and extends to the hospital and its affiliated physicians, nurses, employees, and administrative officers.

Health Permission 2 * [▾]

Signature [   ]

Date [   ] [▦]

Primary Physician and Dentist Information

Physician's Name	[ ]
Physician's Phone Number	[ ]
Dentist Name	[ ]
Dentist Phone Number	[ ]

If you do not have insurance for your child, please click here and select "Student Accident Medical Insurance" to learn about school insurance.

Physical Exam

[   ] [▦] Date of Last Physical

Health Screenings

Mandated health screenings (vision/hearing, BMI, substance use and postural) will be administered annually by Somerset school nurses and staff. Prior to screenings, information will be forwarded to the appropriate grade level which will include instruction on how to opt your child out upon request.

To view the information about our health screenings, please click here.

Do you wish to opt out for:

BMI	[▾]
BMI Screening? *	[ ] [▦]
Postural	[▾]
Postural Screening? *	[ ] [▦]
SBIRT	[▾]
SBIRT Screening *	[ ] [▦]

Medical Information

Please provide the following medical information

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

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

[   ]

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

[   ]

Medications and Allergies

What medications does the student take? Please include Medication Name, Dose and Time(s) Taken. **If none, enter "N/A".**

Medications

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.

Please complete the Medical Order-Parent Consent Form and either upload it under Documents tab or bring it with you to the registration appointment. The form is available by clicking here

Vision, Hearing and Speech

Wear Glasses?	☐ ⌄
Wear a Hearing Aid?	☐ ⌄

Have Any Physical Limitations? Please explain:

If you have any other information and/or health concerns that you would like to bring to the attention of the school nurse, please explain:

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

14.   Services Tab

This is information about if your child receives any services for Special Education, 504 Plan or ELL (English Language Learner). If your child receives Special Education services, we will need a copy of their IEP.

Start	Student	School	Family/Contacts	Previous School History	Consents	Transportation	Language	Health	**Services**	Preschool/Kindergarten Only	Documents	Submit

Program Services

⌄ Is the student **currently** receiving Special Education support? If yes, please upload a copy of the IEP in the Documents tab.

⌄ Is this student **currently** receiving services for a 504 plan? If yes, please upload a copy of the 504 Plan in the documents tab.

⌄ Is this student currently receiving services for a ELL?

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

15. Preschool/Kindergarten Only Tab

This tab is only required if your child is registering for our preschool or kindergarten program. For Grades 1-12, please click on "Next" to continue.

Start	Student	School	Family/Contacts	Previous School History	Consents	Transportation	Language	Health	Services	**Preschool/Kindergarten Only**	Documents	Submit

Preschool

Preschool Schedule:

3 year old Morning Program is from 8:55 am – 11:25 am

3 year old Afternoon Program is from 12:25 pm to 2:55 pm.

4 year old Full Day Program is from 8:55 am – 2:25 pm

4 year old Half Day Afternoon Session is from 12:25 pm – 2:55 pm.

Preschool Information is available on our district website: http://www.somersetschools.org/Families/Registration/index.html

Kindergarten

Kindergarten Information is available on our district website: http://www.somersetschools.org/Families/Registration/index.html

Please select the option that best describes your child's preschool experience in the school year prior to entering Kindergarten.

[Not Applicable ⌄]

Definitions

Coordinated Family and Community Engagement (CFCE) Services: locally based programs serving families with children birth through school age (e.g. parent/child playgroups, parent-child activities).

Parent Child Home Program (PCHP): home visiting model program funded through the Department of Early Education and Care.

Licensed Family Child Care Provider (FCCP): refers to EEC licensed child care in a group setting in a home. It may include care in the home of a family member, if the provider is both a relative and an EEC licensed child care provider providing care to children from multiple families.

Center-Based Program (CBP): refers to care for children in a group setting at an EEC Licensed program, including public and private preschools, Head Start, day care centers, and integrated public preschools.

Additional Kindergarten Information

Please consider the following information (specific learning needs, strengths, challenges, friends, etc.) when placing my child:

This information will be considered in our decision-making as we strive to do our best for each child, as well as creating balanced groups.

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]

16.   Documents Tab

On this tab, you will see what we require for registration as well as what you need to upload.

Start	Student	School	Family/Contacts	Previous School History	Consents	Transportation	Language	Health	Services	Preschool/Kindergarten Only	**Documents**	Submit

Documentation

Required Documentation for New Students to this District:

The following required documents are needed for registration and can be uploaded at the bottom of this tab.

Proof of Residency

Please submit the required number of documents from each of the three categories:

Category A (1 Proof)

For Homeowners

- Copy of Deed and/or Record of Most Recent Mortgage Payment
- Property Tax Bill and the Most Recent Payment
- Copy of Settlement Statement and Record of Most Recent Payment

For Renters:

- Copy of Current Lease and a Signed Landlord Living Agreement
- Signed Landlord Living Agreement and Record of Most Recent Rent Payment

Category B (2 Proofs)

For Homeowners and Renters:

- A utility bill dated within the past 45 days or a statement of service showing the service address and connection date from the following list:

1. Electric Bill
2. Gas Bill
3. Home Telephone Bill (landline phones only; cell phone bills are not allowed)
4. Home/Renters Insurance Bill

Category C (1 Proof)

For Homeowners and Renters

- Valid government-issued photo identification that shows the current address (driver's license, passport, etc.)

- Payroll stub dated within the past 45 days that shows the current address
- Bank Statement dated within the past 45 days that shows the current address

Affidavit of Residency (Required)

Please click here to download the form.

Landlord Living Agreement (Required For Renters Only. Form must be notarized by a Notary Public).

Please click here to download the form.

Medical Requirements for School Entry:

All students enrolling in the Somerset Public Schools or Somerset Berkley Regional High School District must meet minimum requirements as defined by Massachusetts General Laws (Chapter 76, Section 15). Parents/Guardians must submit written documentation of immunizations or immunization exemption letter.

- **Preschool**

    1. Comprehensive Physical Exam*
    2. 4 Doses of DTaP/DTP
    3. 3 Doses of Polio
    4. 1 Dose of MMR
    5. 3 Doses of Hepatitis B
    6. 3 or more Doses of Hib
    7. 1 Dose of Varicella or Certified History of Chicken Pox
    8. Lead Screening
    9. Vision & Hearing Screenings
    10. TB Risk Assessment

- **Kindergarten**

    1. Comprehensive Physical Exam*
    2. 5 Doses of DTaP/DTP
    3. 4 Doses of Polio
    4. 2 Doses of MMR
    5. 3 Doses of Hepatitis B
    6. 2 Doses of Varicella or Certified History of Chicken Pox
    7. Lead Screening
    8. Vision & Hearing Screenings
    9. TB Risk Assessment

- **Seventh Grade**

    1. Tdap
    2. Meningococcal

- **Eleventh Grade**

    ○ Meningococcal

Physical Exam Forms must be fully completed including vision and hearing screenings.

Please initial that you have read and understand the medical requirements and forms.

Initials *

For this medical portion, we require you to enter your initials to acknowledge and understand the medical requirements and forms. If you have any questions about the medical, please contact the school nurse.

Checklist for Required Registration Documentation

Please upload the following required documents:

- Full Birth Certificate (Not Abstract), Passport or Visa
- Copy of Custody Agreement where applicable
- Copy of No Contact Order where applicable
- Recent Physical Examination within the last 12 months
- Current Immunizations
- Immunization Exemption Letter if applicable
- Student Medical Treatment/Standing Orders (SBR Only)
- Somerset Public Schools Health & Contact Information Form
- Somerset Public Schools Tuberculosis Screening for Preschool/Kindergarten only
- Annual Wellness Screenings (both districts)
- Medication Order-Parent Consent (both districts)
- Copies of IEP where applicable
- Copy of 504 Plan where applicable
- Proof of Residency--Category A
- Proof of Residency—Category B
- Proof of Residency—Category C
- Affidavit of Residency
- Landlord Living Agreement where applicable
- Primary/Legal Guardian's Valid MA License or MA State ID

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.
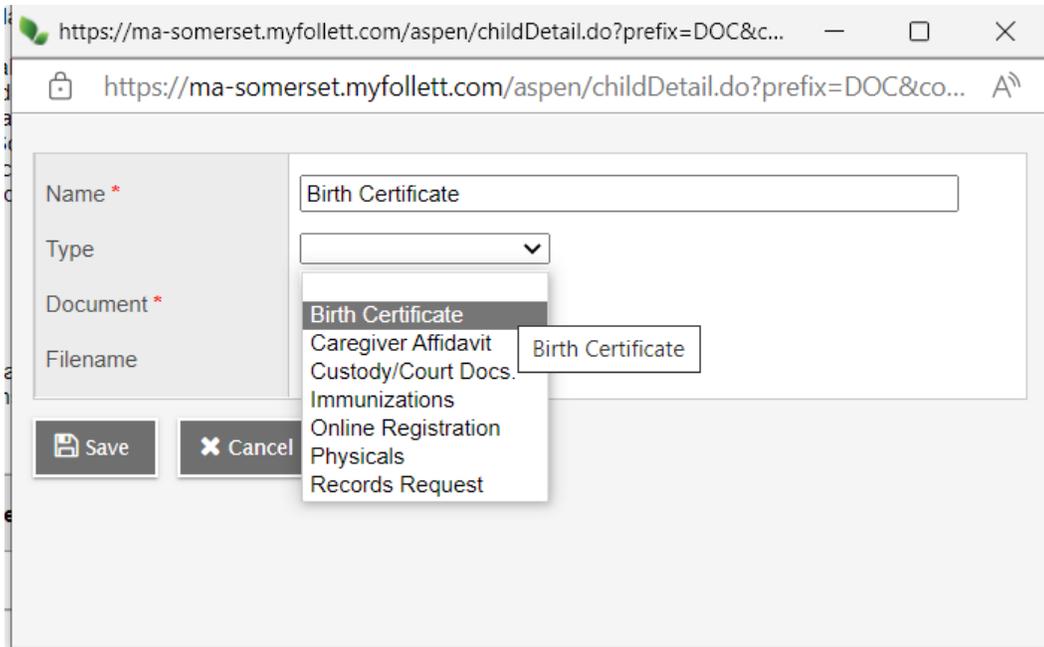
[← Previous] [💾 Save & Close] [Next →] [✖ Cancel]

To upload documents, click on the "Upload" icon.

Name: Type the name of the document that you are uploading. (For example: birth certificate)

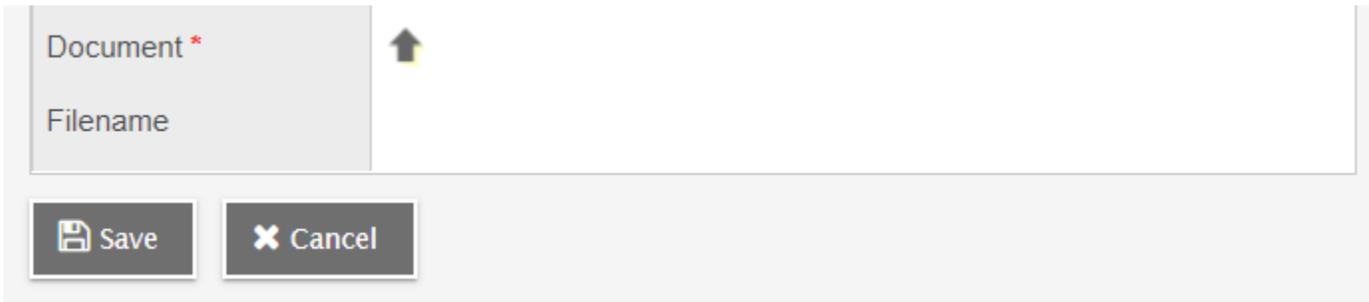https://ma-somerset.myfollett.com/aspen/childDetail.do?prefix=DOC&c...   —   □   ✕

🔒 https://ma-somerset.myfollett.com/aspen/childDetail.do?prefix=DOC&co... Aⁿ

Name *	Birth Certificate
Type	⌄
Document *	⬆
Filename	

[💾 Save] [✖ Cancel]

Type: Select the appropriate option. In our example, you would select "Birth Certificate"

Then click on the Up Arrow to find the file you are uploading.
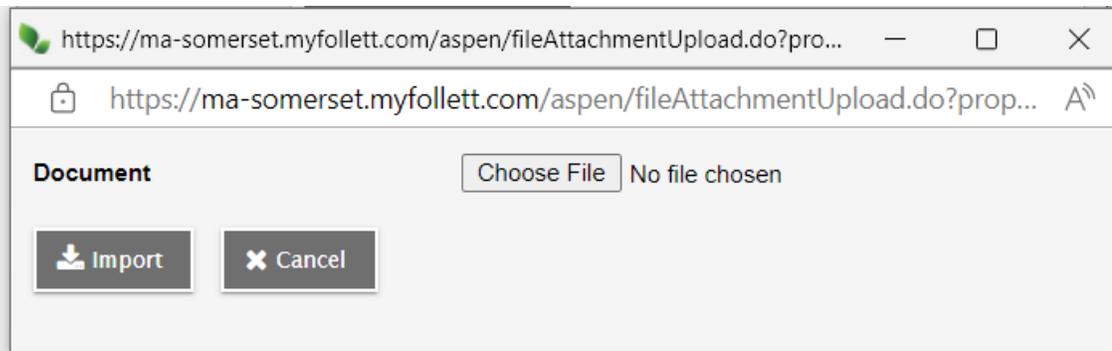
Click on the "Choose File" icon to find the file you need to upload. Then click on "Save". Repeat for each document you need to upload.

Click on "Next" to continue.

17.   Submit Tab

On this last tab, you can enter any notes you may want the registrar to know (optional) and then type your name to sign off on the registration.

Start	Student	School	Family/Contacts	Previous School History	Consents	Transportation	Language	Health	Services	Preschool/Kindergarten Only	Documents	**Submit**

Done!

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

The school will review the registration and will contact you for an appointment to finalize the registration. **Once the registration has been finalized and all required documentation including medical has been submitted, the school will let you know when your child can start.** In the meantime, if you have any questions prior to the appointment, please contact the school directly.

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.

₊ 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 the district registration forms, which can be downloaded and saved from the Checklist page.

[← Previous] [🖫 Save & Close] [Next →] [⟳ Submit] [✕ Cancel]

Click on "Submit" to complete the online registration process.

Thank you for completing this online registration.

The next step is for the school to review and accept the registration. **You will receive an email notification when your registration has been accepted.**

After you are notified that your registration has been accepted, you will then need to bring this signed form along with the required proofs of residency to your assigned school.

Name	Description	Print
Online Registration Summary		☑

[🖶 Print] [✕ Close]

Next Step: The school and nurse will contact you to review this registration and will let you know when your child can start.

Please Note:

If you selected "Save and Close" at any time during the registration process, you just go back to Pages Top Tab and click on the checkbox under "Actions" to continue where you left off.

Resume working on any New Student Registration that has already been started				
Name	**Grade**	**School > Name**	**Workflow Phase**	**Actions**
Test, Test30	10	Somerset Berkley Regional High School	Not submitted	☑ ✖

You can also check the registration status by looking at the "Workflow Phase". This is what it will look like after you have submitted the registration and the school now needs to review it.

New Student Registration

Start a new New Student Registration

[+ Initiate...]

Resume working on any New Student Registration that has already been started				
Name	**Grade**	**School > Name**	**Workflow Phase**	**Actions**
Smith, Andy	01	Chace Elementary	Awaiting review	🖨