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**

**Registration Instructions**
Welcome to the Somerset Public Schools' and Somerset Berkley Regional District's Online Student Registration Portal. You must complete the entire registration process and submit all required documentation in order for your child to be considered as enrolled. For a list of required documentation, please [click here](#).

To begin the process, please complete all of the information on each tab and then click on “Submit” when you are finished. If you need to stop and come back later, then click on “Save and Close”.

When you have finished with the online registration process, the registrar and nurse will contact you to review the information and finalize the registration.

If you have questions related to the registration or required documents, please contact the school directly:
- Chace Elementary (K-8): 508-324-3160
- North Elementary (PreK-5): 508-324-3170
- South Elementary (K-5): 508-324-3180
- Somerset Middle (6-8): 508-324-3140
- Somerset Berkley High School (9-12): 508-324-3115

**School Entrance Age Policy**
In accordance with the Somerset School Committee's Entrance Age Policy (JE8):

1. Children who will be five years of age prior to September 1st of the school year during which they wish to enroll will be eligible to enter Kindergarten for that school year.

2. Initial admission of children to the first (or other grades) will involve a consideration of both chronological age and the readiness of the children to do the work of those grades.

**School Year Selection**
To begin registration, select a school year below:
- 2021-2022
- 2022-2023

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

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 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.

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

*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”.

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

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.
* 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.
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 to make any changes, please do so here.
Click “OK’ to go back to the Family/Contacts Tab.
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.
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.

*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.
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.

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.
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.

<table>
<thead>
<tr>
<th>Health Exchange *</th>
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<tbody>
<tr>
<td>Signature</td>
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<tr>
<td>Date</td>
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</table>

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.

<table>
<thead>
<tr>
<th>Health Permission 2 *</th>
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<tbody>
<tr>
<td>Signature</td>
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<td>Date</td>
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## Primary Physician and Dentist Information

<table>
<thead>
<tr>
<th>Physician's Name</th>
<th></th>
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<tbody>
<tr>
<td>Physician's Phone Number</td>
<td></td>
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<tr>
<td>Dentist Name</td>
<td></td>
</tr>
<tr>
<td>Dentist Phone Number</td>
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</tr>
</tbody>
</table>

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:

<table>
<thead>
<tr>
<th>BMI</th>
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<tbody>
<tr>
<td>BMI Screening? *</td>
<td>□</td>
</tr>
<tr>
<td>Postural</td>
<td>□</td>
</tr>
<tr>
<td>Postural Screening? *</td>
<td>□</td>
</tr>
<tr>
<td>SBIRT</td>
<td>□</td>
</tr>
<tr>
<td>SBIRT Screening *</td>
<td>□</td>
</tr>
</tbody>
</table>

## 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".
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.
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.

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**Preschool**

**Preschool Schedule:**
- 3 year old Morning Program is from 8:55 am – 11:26 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](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](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.

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**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.
16. **Documents Tab**

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

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**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 HD
  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.
To upload documents, click on the “Upload” icon.

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

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.

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.

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.