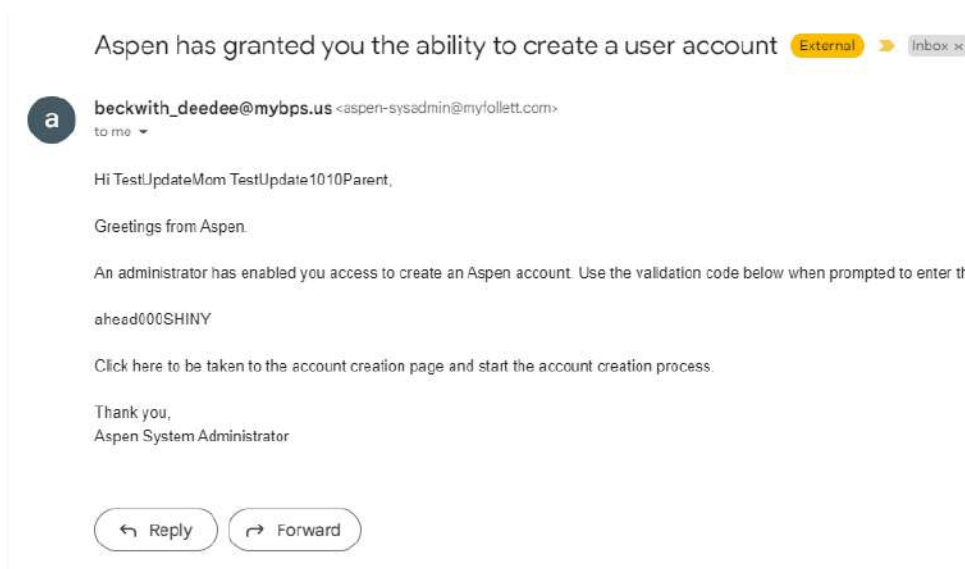


Updating Student Information in Aspen

How to create a New Parent/Guardian account in Aspen

If you login using your student's information, you will not be able to access new student registration or annual update. You need to have a parent/guardian account.

- First you will receive an email that will contain your special code. The subject of the email will be the first line: 'Aspen has granted you the ability to create a user account.'
- Here is a sample of the email you will receive with your code. The subject of the email will be the first line: 'Aspen has granted you the ability to create a user account.'



- Click on Aspen's link <https://ma-barnstable.myfollett.com/aspen/logon.do> - Choose Request an account:

A screenshot of a web login page for "Barnstable Public Schools". It features a "Login ID" label above a text input field. A red arrow points from the input field to a blue link that says "Request an account". Below this is a "Password" label above another text input field. At the bottom left is a blue link "Trouble logging in?" and at the bottom right is a blue link "I forgot my password". At the very bottom is a dark grey "Log On" button with a right-pointing arrow icon.

- Choose “I am a parent new to Aspen” this means you have current students in Aspen BUT do not have an Aspen account.

Account Type

Please choose one of the available account types below.

☐ I am a parent/guardian registering my child online
Choose this option if you have never created an Aspen SIS account

☒ I am a parent new to Aspen
Choose this option if you already have students enrolled in the system, but do not yet have an Aspen account.

[Click here](#) to have the account validation email resent:

Next Step → Close

- Enter the Special Code, Your last name and Phone number. All 3 fields must match what is in Aspen. If you get an error try a different phone number such as your landline.

Validation Information

These fields uniquely identify you within Aspen. The system will link up your information already in the system. The data must match 100% to continue.

Security code * ahead000SHINY

Last name * TestUpdate1010Parent

Phone 1 *

← Previous Step Next Step →

- In this step you can correct the phone number.

Create Your Aspen Account

Please review the existing information below. For fields which can be updated, please change the information if it is incorrect.

First name	TestUpdateMom
Last name	TestUpdate1010Parent
Address line 1	
Address line 2	
City (DOE14)	
State/province	
Postal code	
Phone 1 *	

Navigation: Previous Step, Next Step, Close

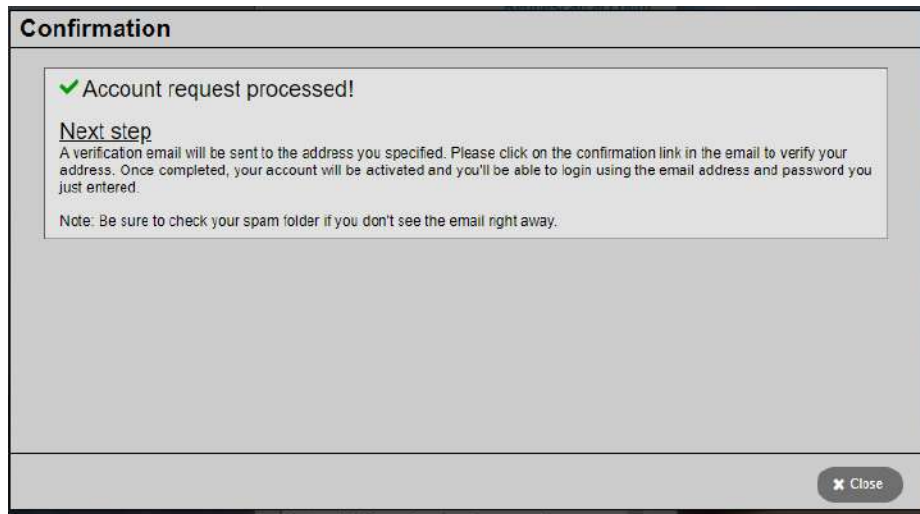
- Fill in your new account information. Your primary email will become your Aspen Login ID and WRITE down your new password. We will not have access to your password in Aspen. Pick you security question and answer – you will need this information in order to reset your password if needed.
 - Click on Requirements link to see password Requirements. If you do not meet the requirements, you will receive an error. There are several security questions to choose from in the dropdown menu.

Account Information

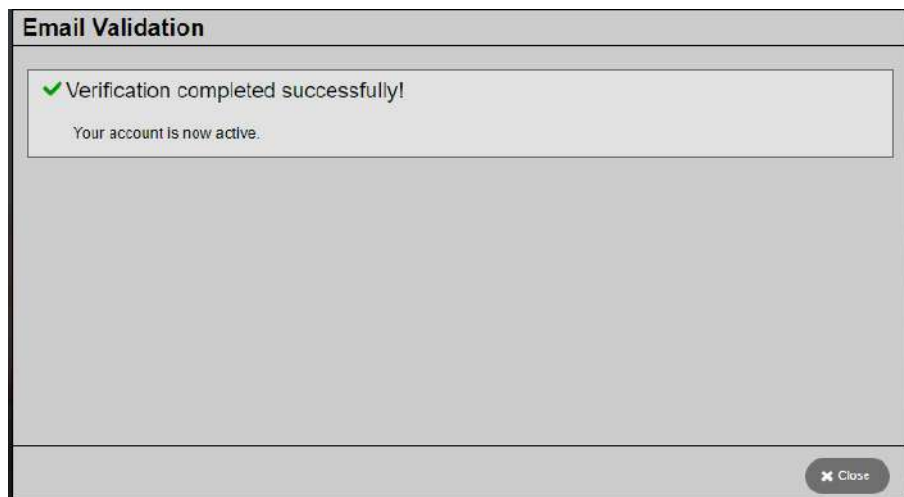
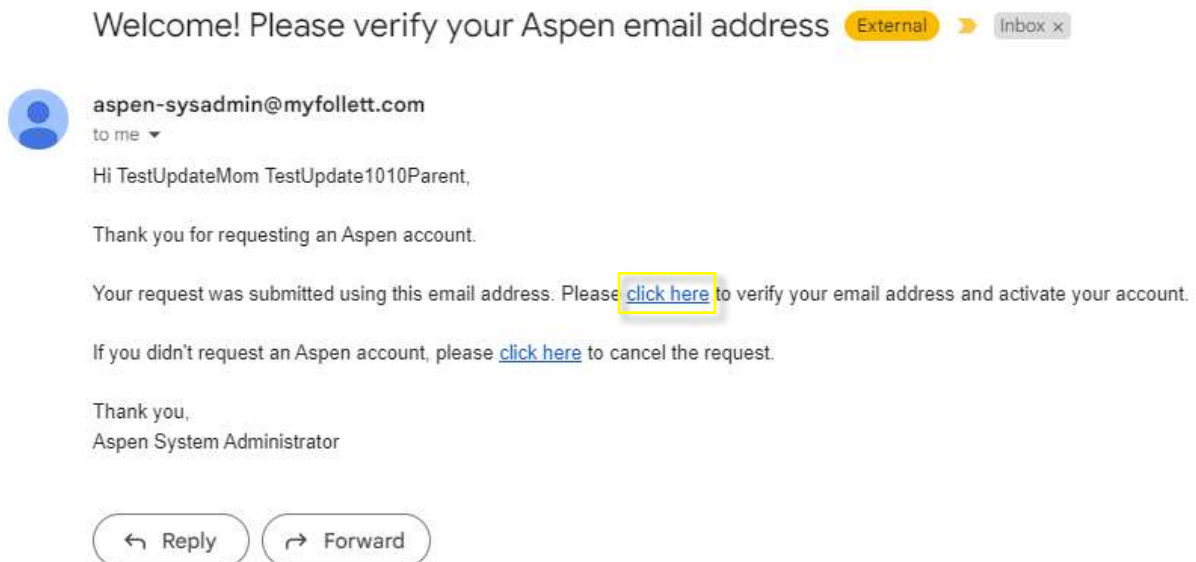
Please fill in your user account information below.

Primary email *	
Confirm email *	
Password * Requirements
Confirm Password *
Security question *	What is your mother's maiden name? ▼
Security answer *
Confirm answer *

Navigation: Previous Step, Create My Account, Close



- You will receive an email verification from Aspen to complete the New Account process. The email subject will be “Welcome! Please verify your Aspen email address.”



- All set – Go back into Aspen and log on with your new credentials. Login ID: Your email address and password is the one you just created.



The image shows a login interface for Barnstable Public Schools. At the top, the text "Barnstable Public Schools" is displayed. Below this, there are two input fields: "Login ID" and "Password". To the right of the "Login ID" field is a link that says "Request an account". Below the "Password" field are two links: "Trouble logging in?" and "I forgot my password". At the bottom of the form is a button labeled "Log On" with a right-pointing arrow icon.

Updating Your Student(s) Information

- After logging into Aspen with your parent/guardian account, this is what your screen should look like. You are all set to start the Annual Update on your student(s). Click on Initiate:

Barnstable Public Schools 2023-2024

Pages Family Academics Groups Calendar

Home

Page Directory

Calendar

October 2023

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

Published Reports

Filename	DateUploaded	Creator	Description
BHS Progress Report	24 KB 10/10/2023 2:09 PM	BHS, Email BHS Progress Reports	TestCase52, Test

[1 - 1 of 1]

Annual Update

Start a new Annual Update process

+ Initiate...

Resume working on any Annual Update process that has already been started

Name	WorkflowPhase	Actions
TestCase52, Test	Not Submitted	✓ ✗
TestCase52, Test	Accepted	

New Student Registration

Start a new New Student Registration

+ Initiate...

- Pick the student you would like to update – if you have more than one student they should all appear on this next screen.

1 record

Name	YOG	Homeroom
TestUpdate1010, TestUpdate	2033	

OK Cancel

If you have multiple students, you will need to submit annual update separately for each student.

- Follow the directions very carefully. You will be working through the TABS that are outlined in RED. You do not have to finish the entire Update at once, you can always come back and finish your work – your changes will be saved each time you click the Next button or Save and Close.

← Previous Save & Close Next → × Cancel

Student Family/Contacts Health Additional Info Documents Submit

Instructions

Welcome to Barnstable Public Schools Annual Update process. This process is used to update student information such as contact, address and medical chart information on your student(s). Please pay particular attention to phone number and email address as those are the primary means of communication for our school.

You must be the primary guardian that the student resides with in order to make any student changes. If you need to change the primary guardian, documentation to your student's school.

Please complete each of the tabs and then click Submit when finished. You can click on each question or tab. Fields shaded gray are read-only; you cannot type a red asterisk. A Save & Close, Previous and Next button are at the bottom of each page. Data will be saved when you click any of the buttons. If you need to stop, click Cancel.

When you have reviewed or completed all of the data on the tab, please select 'Yes' on the question at the bottom of the page "Reviewed all fields."

Student Information

Student Name TestUpdate1010, TestUpdate (If you need to change your child's name, please contact the school and provide the necessary documentation)

Date of birth 7/10/2015 Age 8

Grade Level 03

Local ID 171737

Address Information

- At the bottom of each page – you will be asked to pick Yes stating that you have reviewed the data on each page.

Phone Information

Enter the primary phone number (e.g., home). Contact numbers will be entered in the system.

Phone 1 (home/cell)

Phone 2 (home/cell)

Housing / Residence

The McKinney-Vento Act is a federal law guaranteeing all children and youth the right to a safe and stable living environment. Protection under the McKinney-Vento Act extends to those who lack a fixed, regular, and adequate nighttime residence. For more information, please click [here](#).

Is your current address a temporary living arrangement?

Where is the student presently living?

Reviewed all fields * **Yes**

← Previous Save & Close Next → × Cancel

- Family/Contacts Tab – you can update your own information and limited fields on other contacts by clicking on the number highlighted to the left of your name. If you need to delete or update more information on other contacts your will need to call your students’ school.

PreviousSave & CloseNextCancel

StudentFamily/ContactsHealthAdditional InfoDocumentsSubmit

Parent/Guardian/Other Contact

Click on the number to the left of your name to complete your own record(s), then select Add to add any additional contacts for the student.
Only 1 person per contact number

#	First Name	Last Name	Relationship
No matching records			

#	First Name	Last Name	Relationship
1	TestUpdateMom	TestUpdate1010Parent	Mother
2	TestDad	Beckwith	Father

Add

Legal Information

Has any of the legal information below changed? *No

Is there a protection order/restraining order in effect for this student? *No

Is there a legal custody agreement, divorce decree with custody arrangements, or a caregiver affidavit in place for this student? *No

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.

Reviewed all fields *Yes

PreviousSave & CloseNextCancel

- Health Tab – Please update all information. You WILL need to choose something or NONE/No Medical Conditions to report in the Medications and Medical History sections.

Please elaborate on any/all conditions checked off above:

Medications and Allergies

Have there been any changes to the medications/allergies section? *

Does your child take any daily medications at home? *

If yes, please list (include dosage and how often):

Will your child need to take any medications at school? *

If yes, please list: (medication consent forms need to be signed by parent and health care provider to be given at school) <https://www.barnstable.ma.us/...>

Medical Authorizations

Have there been any changes to the medical authorizations section? *

Over the Counter Medications - I give permission for the school nurse(s) to administer the following medication(s) at school according to the Physician Consultant. I understand that I may review the written OTC protocols at any time and can call my child's school nurse for more information.

Please check off the medication(s) you consent to have the school nurses administer to your child at school: *

Medications:

Please type your name: *

Notification of Emergency Treatment/Transport (If, in the judgment of the school nurse, principal, assistant/associate principal, or administrator, your child needs prompt medical treatment, child will be transported to the nearest hospital via emergency medical services.)

Please type your name: *

Code	Description	State
<input type="checkbox"/>	Acetaminophen ex: Tylenol	Acetaminophen (ex: Tylenol)
<input type="checkbox"/>	Antacids ex: Tums	Antacids (ex: Tums)
<input type="checkbox"/>	Antibiotic ointment ex: bacitracin	Antibiotic ointment (ex: bacitracin)
<input type="checkbox"/>	Eye wash	Eye wash
<input type="checkbox"/>	Hydrocortisone cream	Hydrocortisone cream
<input type="checkbox"/>	Ibuprofen ex: Advil or Motrin	Ibuprofen (ex: Advil, Motrin)
<input type="checkbox"/>	Itch relief lotion/cream ex: Caladryl clear	Itch relief lotion/cream (ex: Caladryl clear)
<input type="checkbox"/>	Stain/wound cleaner ex: Bandaid antiseptic wash	Skin/wound cleaner (ex: Bandaid antiseptic wash)
<input type="checkbox"/>	Vaseline/lip balm	Vaseline/lip balm
<input type="checkbox"/>	None	None

OK Cancel

Health Insurance

Is your child covered by health insurance?

Insurance type *

Insurance name

MassHealth provides health benefits and help paying for them to qualifying children, families, seniors, and people with disabilities living in Massachusetts. For more information click here: <https://www.mass.gov/information-for-masshealth-applicants>

Medical History

Have there been any changes to the medical history section? *

Click on the magnifier and check all that apply. If the student has no medical needs, please select "No medical conditions to report" on the last page of choices. *

Please elaborate on any/all conditions checked off above:

- Please scroll through the Medical Conditions carefully. Use the right arrow to go to the next page.

1:0 |Abnormal spi... | Select All 0 of 37 selected

Search on SeqNo

<input type="checkbox"/>	Code	Description
<input type="checkbox"/>	Abnormal spinal ex.curvature scoliosis, etc.	Abnormal spinal curvature (scoliosis, etc.)
<input type="checkbox"/>	ADHD/ADD	ADHD/ADD
<input type="checkbox"/>	Allergies - Animal	Allergies - Animal
<input type="checkbox"/>	Allergies - Environmental	Allergies - Environmental
<input type="checkbox"/>	Allergies - Food	Allergies - Food
<input type="checkbox"/>	Allergies - Insect	Allergies - Insect
<input type="checkbox"/>	Allergies - Medication	Allergies - Medication
<input type="checkbox"/>	Any medical devices/technology used?	Any medical devices/technology used? (wheelchair, insulin pun
<input type="checkbox"/>	Any other pertinent medical information/conditions	Any other pertinent medical information/conditions that may im
<input type="checkbox"/>	Asthma	Asthma

☒ OK ☐ Cancel

- The 'No Medical Conditions to Report' option is on the last page.

< 4:0 |Oral issues > | Select All 1 of 37 selected

Search on SeqNo

<input type="checkbox"/>	Code	Description	State
<input type="checkbox"/>	Oral issues	Oral issues (dental infections, tooth pain, orthodontia, etc.)	
<input type="checkbox"/>	Painful menstrual cramps	Painful menstrual cramps	
<input type="checkbox"/>	Seizures/Epilepsy	Seizures/Epilepsy	
<input type="checkbox"/>	Skin conditions ex.eczema, etc.	Skin conditions (eczema, etc.)	
<input type="checkbox"/>	Surgery	Surgery	
<input type="checkbox"/>	Urinary incontinence	Urinary incontinence	
<input checked="" type="checkbox"/>	No medical conditions to report	No medical conditions to report	

☒ OK ☐ Cancel

- You must choose YES in the Additional Agreements/Consent in order to Submit. Please review the handbook and acceptable use policy if you are unfamiliar with the contents of either document.

Additional Agreements / Consent

Indicate your agreement with or permission for each of the following

Allow use of Internet *

Agree to Student Handbook *
Please review the BPS District Handbook and the Individual School's Handbook for the school your child will be attending: <https://www.barnstable.k12.ma.us/domain/924>
I have read the contents of the Student Handbook and understand the statements, rules and regulations contained herein.

Agree to Technology Acceptable Use Policy *
Please review the policies located here: <https://www.barnstable.k12.ma.us/Page/705>
I have read the contents of the Technology Acceptable Use Policy and understand the statements, rules and regulations contained herein.

Please Note: For families that qualify and participate in the National School Lunch Program, Comcast's IT ESSENTIALS provides a low-cost Internet service, discounted computer equipment and free digital literacy training to families with at least one child eligible for free and reduced lunch.
Find more information and apply here. <https://internetessentials.com/>

- Click Submit to finalize

← Previous Save & Close Next → Submit Cancel

Student Family/Contacts Health Additional Info Documents **Submit**

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

Required documentation is listed below. If the situations do not apply to you, click Submit.

Residency Requirement: Your child must live in the town of Barnstable to attend the Barnstable Public Schools. If your child is no longer living in the town of Barnstable please contact the school.

Proof of protection order/restraining order/custody agreement/divorce decree/other legal documentation - you must have these documents.

← Previous Save & Close Next → Submit Cancel

- If you have not completed something correctly on any of the tabs you will receive this RED error box letting you know what is missing.

← Previous Save & Close Next → Submit Cancel

Student Family/Contacts Health Additional Info Documents **Submit**

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

Required documentation is listed below. If the situations do not apply to you, click Submit.

Residency Requirement: Your child must live in the town of Barnstable to attend the Barnstable Public Schools. If your child is no longer living in the town of Barnstable please contact the school.

Proof of protection order/restraining order/custody agreement/divorce decree/other legal documentation - you must have these documents.

← Previous Save & Close Next → Submit Cancel

Value required for field "Agreement with Technology Acceptable Use Policy".
Value required for field "Agreement with Student Handbook".
Value required for field "Allow use of Internet".

OK

- Once you are Submitted your schools Administrative Assistant (AA) will review the information.
 - If there are no questions about the information or residency, the AA will accept the update and you will see a status change in the family portal to Accepted.

Annual Update

Start a new Annual Update process

+ Initiate...

Resume working on any Annual Update process that has already been started

Name	WorkflowPhase	Actions
Teststudentml17, testml17	Accepted	

- If something is missing the AA will Deny the Update and you will see a status change in the family portal to Deny. The AA will be in contact with you.

Annual Update

Start a new Annual Update process

+ Initiate...

Resume working on any Annual Update process that has already been started

Name	WorkflowPhase	Actions
Teststudentml17, testml17	Deny	

Please use this process any time you need to change information for your student(s). Below is an example of a parent/guardian completing Annual Update multiple times throughout the year.

Annual Update

Start a new Annual Update process

+ Initiate...

Resume working on any Annual Update process that has already been started

Name	WorkflowPhase	Actions
Teststudentml17, testml17	Accepted	
Teststudentml17, testml17	Accepted	
Teststudentml17, testml17	Accepted	

Annual update will be disabled in the summer so that staff can prepare for the next school year. Schools will send a communication when it is available at the beginning of the new school year.