



Malden Public Schools

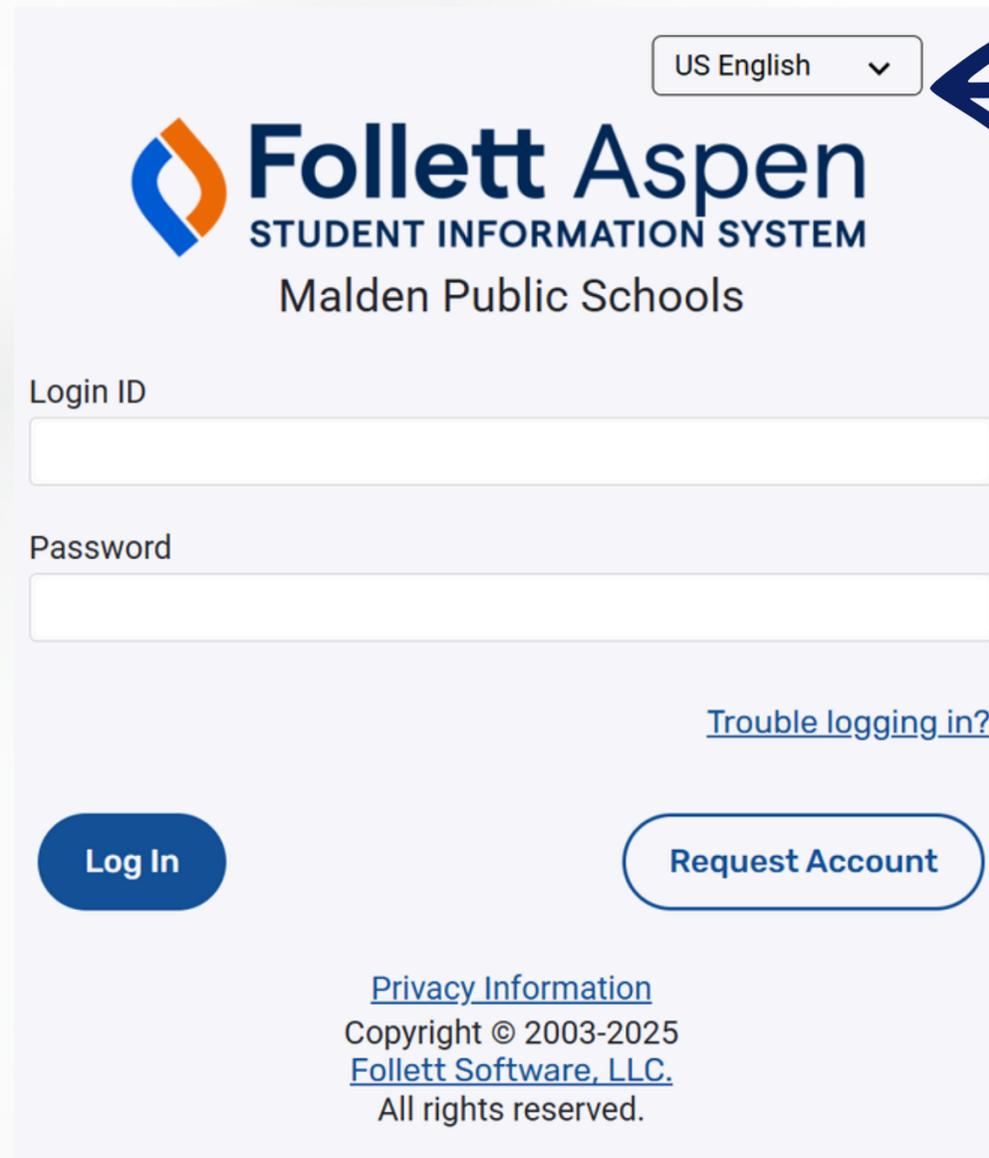
**HOW TO COMPLETE
THE ANNUAL
STUDENT
INFORMATION
UPDATE**

Log On To Aspen

<https://ma-malden.myfollett.com/aspen-login/?deploymentId=ma-malden>

Login to your Aspen account

If you do not know your Aspen login information, please contact your student's school for assistance



US English ▾

Follett Aspen
STUDENT INFORMATION SYSTEM
Malden Public Schools

Login ID

Password

[Trouble logging in?](#)

Log In **Request Account**

[Privacy Information](#)
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Click on this drop down menu to select your preferred language for log-in

Select Preferred Language in Aspen

The screenshot displays the Aspen user interface for Malden Public Schools 2024-2025, with the user Meagher, Tess. The interface includes a navigation bar with 'Pages', 'Family', 'Academics', 'Groups', and 'Calendar'. Below this, there are sections for 'Published Reports', 'Announcements', and 'Recent Activity'. A red box highlights the 'Choose My Language' button in the bottom left corner. A blue arrow points from this button to the text 'First click on this button to open the language preference menu.' Another blue arrow points from the 'US English' dropdown menu in the 'userPreferences.do' dialog box to the text 'Then click on this drop down menu to select your preferred language and click "ok."' The dialog box also shows an 'OK' button highlighted with a red box.

First click on this button to open the language preference menu.

Then click on this drop down menu to select your preferred language and click "ok."

Start the Annual Student Information Update

Malden Public Schools 2024-2025

Meagher, Tess

Meagher, Tess ▾ Log Off

Pages Family Academics Groups Calendar

Published Reports

Filename	DateUploaded	Creator	Description
No published reports			

Announcements

Recent Activity Last 30 days ▾

Search:

Attendance Grades Conduct

▼ **Mouse, Mickey (0)**
• No activity in the specified date range

▼ **Mouse, Minnie (0)**
• No activity in the specified date range

▼ **Bell, Tinker (0)**
• No activity in the specified date range

Start a new Annual Student Information Update

+ Initiate...

Resume working on any Annual Student Information Update that has already been started

Name	WorkflowPhase	Actions
Bell, Tinker	Submitted	

Click on this button to Start the Annual Student Information Update for a student.

Once you open the Annual Student Information Update, do not click the Back, Forward, or Refresh buttons in your browser. Only navigate with the buttons indicated in these instructions



Select a Student

3 records 

Name	YOG	Homerroom
<input checked="" type="radio"/> Bell, Tinker	2032	
<input type="radio"/> Mouse, Mickey	2035	
<input type="radio"/> Mouse, Minnie	2036	

OK Cancel

All students associated with your Aspen account will appear here.

You will need to complete and submit an update for each student separately.

Select the student you would like to start with and click "ok."

If you are missing a student that should appear here, please contact your child's school.

Starting Screen

← Previous Save & Close Next → × Cancel

Start Student Family/Contacts Health Additional Info Submit

Annual Student Updates

You are updating information for the following student for the current school year:

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

Every year we ask that all caregivers review the information on file for your child including address, phone numbers, emergency contacts, and medical information. Documents related to changes in residency need to be brought to the Welcome Center for in person review. Questions can be directed to your school or the welcomecenter@maldenps.org. The "Student Information Update" box is available throughout the year should you need to update your student's record.

← Previous Save & Close Next → × Cancel

There is nothing to complete on this first screen. To move on click "next."

You can also click "Save & Close" at any time in this process if you'd like to return to your work later, but be aware that this will not submit any information.

Student Information Page (Part 1)

Address

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

Student Information

Date of Birth New 1/1/2017 Age 8
Grade Level 01
Local ID 24XX1440
Email mmouse35@maldenps.org

Address Information

Enter any changes to the Physical or Mailing Addresses in the Notes field below.

Is this address correct? *

Physical Address Mailing Address

Address Notes (Please use this field to indicate any address changes, updates, or information)

Verify Address: Click “View” to see the physical address already on file. Then click on the drop down next to “Is this address correct” to answer “Yes” or “No.” If your answer is “No” please put your new address in the text box to the right.

Student Information Page (Part 2)

Phone Numbers

Phone Information

Enter the primary phone number (e.g., home). Contact numbers will be entered on the next page

Home Phone *	<input type="text"/>	Phone numbers will be formatted according to the pattern: '918-123-4567' or with an extension '918-123-4567 x123'
Cell Phone	<input type="text"/>	
Work Phone	<input type="text"/>	

Housing / Residence

Housing status

Does the student share the primary residence with non-immediate family members (such as grandparents, friends, etc.)?

Is the student's current residence temporary?

Primary Phone Number: If you don't have a "Home Phone" enter your Cell Phone in both the "Home Phone" field and the "Cell Phone" field.

Housing/Residence: Answers to these questions are optional.

Click "Next" to move to the next page.

Family/Contacts Page

Confirm Existing Contact Information: Click on the name of an existing contact to review and edit their information.

Add a New Contact: Click “Add” to open a “new contact” form and complete the information.

The contact information form will open in a new window as shown on the next two slides.

← Previous Save & Close Next → × Cancel

Start Student **Family/Contacts** Health Additional Info 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.

Contact Name	Relationship	Phone 1
Meagher, Tess	Mother	

Contact Name	Relationship	Phone 1	Delete this contact?
No matching records			

Add

Legal Information

Is this student subject to a parenting plan or any court order?

Are there any orders of protection in place?

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.

← Previous Save & Close Next → × Cancel

Family/Contacts Page

Contact Information (Part 1)

Complete this form for at least one parent/guardian

First name *	<input type="text" value="TESS"/>	Place of employment	<input type="text"/>
Last name *	<input type="text" value="MEAGHER"/>		<input type="text"/>
Gender	<input type="text" value="v"/>		<input type="text"/>
Relationship *	<input type="text" value="Mother"/>		<input type="text"/>
Allow portal access? *	<input type="text" value="Yes"/>		<input type="text"/>

Contact Order/Priority

Contact priority in case of an emergency *

Email Address

Primary email *

Alternate email

Phone Information

Enter at least one phone number

Home Phone *

Cell Phone

Work Phone

Whether updating an existing contact or adding a new contact, the page looks the same. Complete all of the fields with a red asterisk next to them.

Family/Contacts Page

Contact Information (Part 2)

Contact Questions

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

Address Information

Physical Address
Is the physical address the same as the student? N

Mailing Address
Mailing address same as the physical address? N

Contact Address Notes (Please use this field to indicate any address changes, updates, or information)

OK Cancel

Whether updating an existing contact or adding a new contact, the page looks the same. Complete all of the fields with a red asterisk next to them.

Click "Ok" to save this contact's information and return to the "Family/Contacts" page.

Repeat this process to confirm or add any additional contacts.

Family/Contacts Page

← Previous Save & Close Next → × Cancel

Start Student **Family/Contacts** Health Additional Info 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.

Contact Name	Relationship	Phone 1
Meagher, Tess	Mother	

Contact Name	Relationship	Phone 1	Delete this contact?
No matching records			

Add

Legal Information

Is this student subject to a parenting plan or any court order?

Are there any orders of protection in place?

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.

← Previous Save & Close **Next →** × Cancel

After confirming/updating existing contact information and adding any new contacts as needed, click "Next" to move to the next page.

Health Page (Part 1)

← Previous Save & Close Next → × Cancel

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

Primary Physician and Health Insurance

Physician	<input type="text"/>	Insurance type	<input type="text" value="v"/>
Physician phone	<input type="text"/>		

Medical Information

REQUIRED Please indicate if your child has any of the following health conditions:

Anxiety / Depression *	<input type="text" value="v"/>	Daily Medication *	<input type="text" value="v"/>	Orthopedic / Joint Issues *	<input type="text" value="v"/>
ADD / ADHD *	<input type="text" value="v"/>	Diabetes *	<input type="text" value="v"/>	Seizures *	<input type="text" value="v"/>
Asthma/Inhaler *	<input type="text" value="v"/>	Eating Disorder *	<input type="text" value="v"/>	Speech Problems *	<input type="text" value="v"/>
Bathroom/Toileting *	<input type="text" value="v"/>	Hearing Problems *	<input type="text" value="v"/>	Tuberculosis *	<input type="text" value="v"/>
Blood Disorder *	<input type="text" value="v"/>	Heart Condition *	<input type="text" value="v"/>	Vision Problems *	<input type="text" value="v"/>
Concussion *	<input type="text" value="v"/>	Headaches *	<input type="text" value="v"/>	Accidents / Injuries *	<input type="text" value="v"/>
Any Surgeries *	<input type="text" value="v"/>	Medical Conditions Other *	<input type="text" value="v"/>		

If you answered YES to any of the above, please explain.

Complete all of the fields on this page with a red asterisk next to them. Add any comments or additional information to the text box below.

Health Page (Part 2)

Medications and Allergies

REQUIRED Please select if your child has any allergies.

Allergy to Food *	<input type="text"/>	Allergy to Other *	<input type="text"/>
Allergy to Medicine *	<input type="text"/>	EpiPen *	<input type="text"/>

Provide any explanations for the selected allergies.

****REQUIRED****

PARENT/GUARDIAN AUTHORIZATION (Consent is required before any medication is given to your child)

Answer **Yes/No** to give permission to the school nurse to administer the following over the counter drugs:

*Medication dosage will be determined by child's weight and age.

Children's chewable and liquid Tylenol/Ibuprofen **MUST BE PROVIDED BY PARENT. Not kept in stock

Tylenol/Acetaminophen *	<input type="text"/>	Ibuprofen/Motrin/Advil *	<input type="text"/>
Tums (antacid tablets) *	<input type="text"/>	Benadryl/Diphenhydramine HCL *	<input type="text"/>

Permission to Share Information

I give permission for the school nurse to share information relevant to my child's health with appropriate school personnel when needed to meet my child's health and safety needs. I give permission to exchange information with my child's primary physician for the purpose of referral and diagnosis and treatment. *

Caregiver Signature

Complete all of the fields on this page with a red asterisk next to them.

Permission to Share Information: Select "Yes" or "No" from the drop down in this section and then enter your name in the "Caregiver Signature" text box to confirm.

Click "Next" to move to the next page.

Additional Student Information

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

Additional Student Information

Consent to Release Student Directory Information

Answers to the below questions are not required. ONLY complete the below if you DO NOT consent to the release of directory information to the indicated sources. (Directory information includes name, age, grade level, and images).

Media (such as for a news story)

Malden Public Schools Channels (School district website, social media, etc.)

College recruiters

Military recruiters (including address and phone number)

Additional Agreements / Consent

Indicate your agreement with or permission for each of the following

Allow use of Internet *

Agree to [Technology Acceptable Use Policy](#) *

Agree to Student Handbook *
[Student & Family Handbook](#)

← Previous Save & Close **Next →** × Cancel

Consent to Release Student Directory Information: These questions are not required. Only use the drop down to answer "No" if you do not consent.

Additional Agreements: These questions are required. Use the drop downs to indicate your agreement.

Click "Next" to go to the last page.

Submit

The screenshot shows a multi-step form interface. At the top, there is a horizontal navigation bar with tabs for 'Start', 'Student', 'Family/Contacts', 'Health', 'Additional Info', and 'Submit'. The 'Submit' tab is currently selected and highlighted with a green border. Below the navigation bar, a green banner displays the word 'Done!' in white. Underneath the banner, the text reads: 'Congratulations! You have reached the end of the Annual Student Update form.' A horizontal line separates this from the next line of text: 'Click each tab and review the information. When all information is accurate and complete, click **Submit**.' At the bottom of the form, there is a row of five buttons: 'Previous' (with a left arrow), 'Save & Close' (with a floppy disk icon), 'Next' (with a right arrow), 'Submit' (with a document icon and a red square highlight around it), and 'Cancel' (with an 'X' icon).

Click "Submit" to finalize and submit the student information update.

If you have left any required fields blank, an error message will appear. You can click on "Previous" to navigate back to previous pages to enter required information then try submitting again.

Complete this process again for each additional student you may have.

Thank you!

