



PARENT PORTAL ACCESS REQUEST FORM

Use of the Parent Portal is intended to increase and enhance communication between the school and parents/guardians. In order to protect the confidentiality of student records, all parent/guardians who agree to the **Parent Portal Acceptable Use Agreement** and want to use this service should complete the request below.

Parent/Guardians with multiple students in different schools in the district may access all their children's information using one account. However, each child's Access ID and Access Password will need to be requested from each school office. Please return this form **in person** to your child's school office. (Be prepared to present a **photo ID**).

**Parent/Guardian
Name (Print):** _____

(First name, middle initial, last name)

**Parent/Guardian
Home Address:** _____

(Street address) (City) (State) (Zip)

Home Phone: () _____

Cell Phone: () _____

Work Phone: () _____

List all students currently enrolled at School Name:

Student Name	Relation to Student (e.g. mother, father, etc.)	Grade Level

I certify that all of the above information is true and I have legal authority to access the records of the student(s) listed above:

Signed: _____
Signature & I.D. must be that of the Parent/Guardian shown on first line

Date: _____
(mm/dd/yyyy)

Once the information provided above is verified and processed, you will receive your child's Access ID(s) and Password(s) including detailed instructions for creating your account.

<i>Office Use Only</i>		
_____	_____	_____
<i>Date Received</i>	<i>Information Verified by (initials)</i>	<i>Parent Portal Approved (initials)</i>