



Please fill out this form and return it with your youngest child. Please include all names of children in grade K-12 you would like Parent/Student Portal access to.

| <u>Student Name (first and last)</u> | <u>Enrolled School</u> | <u>Grade</u> |
|--------------------------------------|------------------------|--------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Please write in the e-mail address for student information notifications. **PLEASE PRINT LEGIBLY** so that all addresses can be properly entered into our computer system.

Parent Name: _____ Relationship to student: _____

E-mail Address: _____

I understand that it is my responsibility to protect my Parent/Student Portal password. I should not share my password with my children. I understand that the Parent/Student Portal system may not be available 24 hours a day due to maintenance on the computer network, weather related interruptions, etc.

Parent Signature Printed Name

Date

Please return this form to the school in which your youngest child is enrolled. **You will need to provide a copy of your driver's license with the form when it is submitted.** If you decide to physically bring the form into the office, you will need to show your driver's license for verification purposes. After your form is processed, you will receive an email listing your sign-on information and password.