Parent Portal

Please fill out this form and include all names of children at this school you would like Parent Portal access to:

Student Name (first and Last)	School	Grade

Please provide an email address to be used for Parent Portal and student information notifications.

Parent name: _____

Parent's E-mail _____

Parent name: _____

Parent's E-mail _____

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

_____

Parent Signature(s)   Printed Name(s)

_____

Date

You will need to show your driver's license for verification when you turn this form into the office.
If you send this form to the office you will need to <u>include a copy of your driver's license</u> along with the form.

After your form is processed, you will receive an e-mail listing your sign-on information and password.