SAINT LOUIS
PUBLIC SCHOOLS

Please fill out this form and include all names of children in grades PreK-12 you would like Parent Portal access to.

Student Name (first and last)	Enrolled School	Grade

Please write in the e-mail address for student information notifications.

Parent: _____ Relationship to student: _____

Home E-mail: _____

Work E-mail: _____

I understand that 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   Printed Name

_____

Date