

\*Is a  
required  
field



# SEAFORD SCHOOL DISTRICT

## Home Access Center Request Form

(PLEASE PRINT)

Parent/Guardian

Full Legal Name\* : \_\_\_\_\_  
(only one per form)

Mailing Address\* : \_\_\_\_\_

City, State, Zip\* : \_\_\_\_\_

Primary Phone Number\* : (\_\_\_\_) \_\_\_\_\_ Add'l Phone: (\_\_\_\_) \_\_\_\_\_

Email Address\* : \_\_\_\_\_

Your username to logon will be your lastname with a period and then your firstname (ex. jones.judy)

Choose your Password\* : \_\_\_\_\_

(Your password must be at least 8 characters long with a Capitol letter and at least 1 number. Example: Seaford1 or Time4fun)

ALL Students\* in the District I am Legal Guardian for:

Student Name\* : \_\_\_\_\_ Birthdate\* : \_\_\_\_\_

Student Name\* : \_\_\_\_\_ Birthdate\* : \_\_\_\_\_

Student Name\* : \_\_\_\_\_ Birthdate\* : \_\_\_\_\_

Student Name\* : \_\_\_\_\_ Birthdate\* : \_\_\_\_\_

Student Name\* : \_\_\_\_\_ Birthdate\* : \_\_\_\_\_

YES I am the Legal Guardian of these children. (Only a legal guardian can be granted access.)

I understand that my Home Access Center (HAC) Account is a service provided by the Seaford School District and Delaware Department of Education. HAC will allow parents/guardians with school-authorized accounts and passwords to view limited student information from the database through the internet. I further understand that not all information will be available at all times. I also understand that my child may terminate my access when he/she reaches age 18.

\*Parent/Guardian Signature

\*Date

<b>Office Use Only</b>		
Contact ID# _____	Photo ID _____	ID Verified by: _____
Access Granted By _____	Authoriz.Date ____/____/____	Entered by: _____
Staff: Please print student ID#s next to name.		