PARENT PORTAL REGISTRATION FORM

PRINT ALL INFORMATION

CHECK ONE: ☐ Parent ☐ Legal Guardian

First Name _____ Last Name _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Pone: _____ Work/Cell Phone: _____

Email Address: _____

Enter information for each student you would like to register for Parent Portal.

Student Name: _____

Birthdate: _____ School: _____ Grade: _____

Student Name: _____

Birthdate: _____ School: _____ Grade: _____

Student Name: _____

Birthdate: _____ School: _____ Grade: _____

Parent/Legal Guardian Signature: _____ Date _____

TO BE COMPLETED BY THE SCHOOL OFFICE/REGISTAR

Parent identification type and number: ___ Driver's License # _____

___ Other _____

Verified by: _____ Date _____

NOTE: ATTACH PRINTED USER ID AND PASSWORD SHEET