



Parent Portal Request

(List ALL students with the oldest student first)

Name of your student: _____ Grade: _____

Name of your student: _____ Grade: _____

Name of your student: _____ Grade: _____

Name of your student: _____ Grade: _____

Name of your student: _____ Grade: _____

Name of your student: _____ Grade: _____

Parent/Guardian Name: _____

Mailing Address: _____

City/State/Zip _____

Contact Phone Number: _____

Email Address: _____

By signing below you are stating that you are the legal education decision maker or custodial parent for the student(s) listed above. IF YOU ARE NOT the legal education decision maker or custodial parent for this/these student(s), then you are not allowed to lawfully access this student(s) information. Misuse of this information is illegal by law. The portal system tracks all system accesses to the portal and its applications.

Parent Signature: _____

Date: _____

Send this document to the school office of the oldest child listed.