



PARENT PORTAL REGISTRATION FORM

PRINT ALL INFORMATION

CHECK ONE: **Parent** **Legal Guardian**

First Name: _____ Last Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ 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/REGISTRAR

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

Other _____ # _____

Verified By: _____ Date: _____

NOTE: ATTACH PRINTED USER ID AND PASSWORD SHEET