



Frenship ISD Family Access Form

After filling out this form, please turn it in to your child's campus. Your account will be activated after your ID is verified and your account access information will be sent via the email address provided below.

Home Address:	City, Zip Code:
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PARENT/GUARDIAN NAME: Last :	<i>Appendage</i> <input type="checkbox"/> Jr <input type="checkbox"/> II <input type="checkbox"/> III	<i>First:</i>	<i>Middle:</i>
Residential Guardian: Yes No	Email Address:		Primary Phone Number:

PARENT/GUARDIAN NAME: Last :	<i>Appendage</i> <input type="checkbox"/> Jr <input type="checkbox"/> II <input type="checkbox"/> III	<i>First:</i>	<i>Middle:</i>
Residential Guardian: Yes No	Email Address:		Primary Phone Number:

CHILD NAME: Last :	<i>Appendage</i> <input type="checkbox"/> Jr <input type="checkbox"/> II <input type="checkbox"/> III	<i>First:</i>	<i>Middle:</i>
Grade:	Birth Date: Month/Day/Year	Campus Name:	

CHILD NAME: Last :	<i>Appendage</i> <input type="checkbox"/> Jr <input type="checkbox"/> II <input type="checkbox"/> III	<i>First:</i>	<i>Middle:</i>
Grade:	Birth Date: Month/Day/Year	Campus name:	

CHILD NAME: Last :	<i>Appendage</i> <input type="checkbox"/> Jr <input type="checkbox"/> II <input type="checkbox"/> III	<i>First:</i>	<i>Middle:</i>
Grade:	Birth Date: Month/Day/Year	Campus Name:	

CHILD NAME: Last :	<i>Appendage</i> <input type="checkbox"/> Jr <input type="checkbox"/> II <input type="checkbox"/> III	<i>First:</i>	<i>Middle:</i>
Grade:	Birth Date: Month/Day/Year	Campus Name:	

CHILD NAME: Last :	<i>Appendage</i> <input type="checkbox"/> Jr <input type="checkbox"/> II <input type="checkbox"/> III	<i>First:</i>	<i>Middle:</i>
Grade:	Birth Date: Month/Day/Year	Campus Name:	

SIGNATURE _____ **DATE** _____