



# Parent Portal Request

Please fill out the information below and bring in to your student's school office with a picture ID or driver's license.

A Parent Portal Information Packet will be mailed to you as soon as possible.

List ALL students with the oldest student first:

Name of your student(s) \_\_\_\_\_ Grade \_\_\_\_\_

Name of your student(s) \_\_\_\_\_ Grade \_\_\_\_\_

Name of your student(s) \_\_\_\_\_ Grade \_\_\_\_\_

Name of your student(s) \_\_\_\_\_ Grade \_\_\_\_\_

Name of your student(s) \_\_\_\_\_ Grade \_\_\_\_\_

Legal Parent/Guardian requesting information:

Parent/Guardian Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Contact phone number \_\_\_\_\_

To be completed by office personnel only:

Please attach a copy of the photo ID or driver's license of the parent/legal guardian.

Initials of person receiving information \_\_\_\_\_

Date Received \_\_\_\_\_

Date Mailed/Given \_\_\_\_\_