

**GADSDEN INDEPENDENT SCHOOL DISTRICT**

**Parent Portal Request Form**

School:

**Requestor Information:**

Firstname:

Lastname:

Telephone:

Email Address:

Home/Mailing Address:

City:

State:

Zip:

**Student Information:**

For parents, list your children enrolled at this school:

Student Name	DOB	Grade	Homeroom Teacher	Relationship to Student

Requestor Signature \_\_\_\_\_ Date: \_\_\_\_\_

.....  
*(For office use only-Attach Student Profile for Admin Review)*

Student Number : \_\_\_\_\_ Grade: \_\_\_\_\_ Telephone: \_\_\_\_\_

Who is the legal guardian for the student? \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Requestor Form of ID \_\_\_\_\_ ID No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

Agreement Form Returned Date: \_\_\_\_\_

Verify Email Address

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Signature of Administrator \_\_\_\_\_ Date: \_\_\_\_\_

Approved  Not Approved  Reason \_\_\_\_\_

\_\_\_\_\_