

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: _____

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(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

Signature of Administrator _____ Date: _____

Approved Not Approved Reason _____
