



NOTRE DAME HIGH SCHOOL

Member of the Middle States Association of Colleges and Secondary Schools
3417 Church Road, Easton, PA 18045
610 868-1431 Fax 610 868-6710 www.ndcrusaders.org

Parent Portal

Parent/Guardian Access Request Form

Please Print

Parent/Guardian Name:
(One name per form) _____
Last Name, First Name

Parent/Guardian
Home Address: _____

City: _____ State: ____ Zip: _____ Phone: _____

E-Mail Address: _____
(Please Print Clearly)

Student Name	Your Relationship with Student	Reside with Student (Yes or No)	Year of Graduation

I certify that all of the above information is true and I have legal authority to access the records of the student(s) listed above

Signed _____ Date: _____

Note: Please give us 48 hours to process this information. You will receive an email with a user name and a temporary password, if you do not please check your spam/juke mail.