

## Request for Parental Access to PowerSchool

Please print the information requested below. This information is needed for the assignment of passwords.

Your name: \_\_\_\_\_

Your student's name: \_\_\_\_\_

Your student's date of birth: \_\_\_\_\_

Your mailing address: \_\_\_\_\_

Your home phone number: \_\_\_\_\_ Work number: \_\_\_\_\_

Custody Status:

Parent: Do not check if courts have removed your parental rights.

Legal Guardian

Foster Parent

Other: written consent from parent or legal guardian will be required.

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I attest that the above information is correct and that I am the parent/legal guardian of said student.

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

**Notice:** If you have more than one student in the Lewis Central Community School District, you must complete a separate form for each student.

**For Office Use Only**

Second Parent Request