

HOME BASE/POWERSCHOOL PARENT PORTAL: APPLICATION FOR ACCESS

Instructions:

Please complete all fields. Parents/guardians must deliver this form to the student's school. Once the form has been accepted and processed, the parent/guardian will receive information containing activation instructions for the new Parent Portal account. Follow the instructions provided to start using the account. Parents with multiple students in PCS must submit one form per student to the appropriate school(s). Please allow schools time to process the request.

PARENT/GUARDIAN INFORMATION			
First Name:	Middle Initial:	Last Name:	
Relationship to Student:	Home Phone:		Work Phone:
Street Address:		City:	
State:	Zip Code:	E-mail Address:	
Student Information			
First Name:	Middle Initial: _	Last Name:	
	Date of Birth:		
City:	State: Zip	Code: Hor	me Phone:
Are there any legal restraints prohibiting a parent/guardian from having access to this student's data:			
If yes to the above question, please attach a copy of the court order.			
I verify that I am the parent/guardian of the student named above. I understand that the Pitt County School System reserves the right to grant or deny access to the parent portal in accordance with the U.S. Family Education Rights and Privacy Act (FERPA). I also certify that I will advise my student's school of any issues resulting in a need for chance of access to student records. I agree to keep my password and the data contained within the parent portal confidential. I also agree that I shall make no attempt to alter or destroy data and will report to the school administration any attempts to do so or any security concerns that may arise. Failure to abide by the terms of this agreement will result in the termination of my account.			
Parent/Guardian Signatur	e:		Date:
DO NOT WRITE BELOW THIS LINE: FOR OFFICE USE ONLY			
Form checked by:		Date:	
□ Approved	Date Student Access Information Sent:		
□ Denied	If denied, provide reason:		