

2009-10 Request for Parental Access to PowerSchool

Please print the information requested below and return this in-person to the South Florence Guidance Department. You will need to provide identification to the school at this time; this information is needed for the assignment of passwords.

Your student's last name: _____ First name: _____

Your name: _____

Your student's date of birth: _____

Your mailing address: _____

Your personal number: _____ Work number: _____

Custody Status:

_____ Parent (Do not check if courts have removed your parental rights)

_____ Legal Guardian

_____ Foster Parents

_____ Other (Written consent from parent or legal guardian will be required and needs to be attached to this form)

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

Signature of Parent: _____ Date: _____

Note: If you have more than one student in Florence School District One schools, you must complete a separate form for each student.

For Office Use Only

School Rep. Initials _____

Second Child
(Circle if applicable)