

DOCTORS INLET ELEMENTARY FOCUS PARENT PORTAL ACCESS REQUEST

Doctors Inlet Elementary School is pleased to offer access to the FOCUS Parent Portal. Please complete this form in order to access the portal. Please print using a pen and be sure to sign before submitting. This form must be completed and signed by the parent whose name is registered on the Parent Portal. If registration name and email address do not match, this form will be null and void.

PARENT/GUARDIAN INFORMATION

Name:

Current address:

City:

State:

ZIP Code:

Home Phone:

Work Phone:

Cell:

Parent Username (Email Address Registered):

Relationship to Student:

STUDENT INFORMATION

Student Name:

Student ID:

Date of Birth:

Grade:

I VERIFY THAT I AM THE LEGAL GUARDIAN OF THE CHILD LISTED ABOVE AND THAT I SHOULD HAVE ACCESS RIGHTS TO THE PARENT PORTAL. I FURTHER UNDERSTAND THAT ANY EMAIL RECEIVED VIA PARENT PORTAL IS NOT A PRIVATE MEDIUM. PLEASE ALLOW 48 HOURS FOR ACTIVATION OF ACCESS.

SIGNATURE OF REGISTERED PARENT: _____ DATE: _____

For Office Use Only

DOCTORS INLET ELEMENTARY SCHOOL

Check one: _____ ID Verified or _____ ID Attached

Received By: _____ Date: _____

Verified By: _____ Date: _____

Denied: Reason _____