

# LPS Parent Portal Activation Key Request Form

**Office Use Only:**

Approval Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please print or type below Parent/Guardian information:**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

**Please list the students you wish to have access to:**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Grade \_\_\_\_\_ Relationship \_\_\_\_\_ School \_\_\_\_\_

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

# Lewistown Public Schools

## Electronic Student Information System and Records Form

Purpose: to provide parents/guardians or eligible students the opportunity to view student data and information over the Internet. Student information may include but not be limited to the posting of grades, daily assignments, transcripts, and attendance from the District's student database system.

All records, data, or information related to individual students shall be treated as confidential, and shall be maintained in the manner that will assure the privacy of students and parents. Parents/guardians are only granted access to the electronic information via a unique user ID and strong password.

Lewistown School District #1 is committed to maintaining the confidentiality of educational records and any other student information from the District's student database system. Lewistown Public Schools Board Policy 3600P: *Access to Student Records* is intended to protect the confidentiality of the information in the educational record of the student. Any violation of the policy may result in termination of access privileges. A copy of the policy is available from the District Office. If disclosure of student information occurs or if access privileges need to change, then parents/guardians or eligible student must notify the school principal and request a change in their log-in and password.

Your signature indicates that you agree to comply with these policies.

Parent/Guardian Name \_\_\_\_\_  
(Please Print)

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

If the student is 18 years old or older

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please return this signed form to your school principal**