



Application for
Electronic Accounts
(Please type or print clearly)

7540.04 F1

Ionia Public Schools
250 E. Tuttle Rd
Ionia, MI 48846

Personal Information	Name: _____ <div style="display: flex; justify-content: space-around; width: 100%;"> First Middle Initial Last </div> Address: _____ City: _____ State: _____ Zip: _____ Work Phone: (____) _____ Home Phone: (____) _____ Personal Email: _____ Requested Password: (8 character min., case-sensitive, letters AND numbers) _____ IPS Account
School Information	Building Name: _____ Account Request: <input type="checkbox"/> Computer <input type="checkbox"/> Email <input type="checkbox"/> Skyward <input type="checkbox"/> Other: _____ Position: _____ Employer: <input type="checkbox"/> IPS <input type="checkbox"/> ICISD <input type="checkbox"/> PCMI Student Teacher / Long Term Sub Completion date: _____
Signatures	<p>Note: Please sign and submit the signature page of the IPS Network and Internet Acceptable Use and Safety Policy. Applications will NOT be processed without a Supervisor/Principal signature. Failure to do so will delay processing of your application.</p> Signature: _____ Date Signed: _____ Supervisor/Principal Signature: _____ Technology Director Signature: _____
Technology Dept.	<p>****PLEASE DO NOT WRITE IN THIS AREA****</p> Date received by Ionia Technology Department: _____ Effective Date: _____ Account Username: _____ Password: _____

ACCESS CARD REQUEST

LAST NAME

FIRST NAME

ADDRESS

CITY/STATE/ZIP

CARDHOLDER ID

(to be assigned by system administrator)

EMAIL ADDRESS

PHONE(S)

DEPARTMENT

BUILDING ACCESS AREA(S)

DATE OF ISSUE

TERM OF CARD --
EXPIRATION DATE

ADMINISTRATOR'S
APPROVAL SIGNATURE

DATE

Email completed form to vpatrick@ioniaschools.org

6/21/2022