



HOME BASE/POWERSCHOOL PARENT PORTAL: APPLICATION FOR ACCESS

Instructions:

Please complete all fields. **Parents/guardians must deliver this form to the student's school and present with a valid photo id.** 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 Beaufort County Schools 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: _____ Cell Phone: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

E-mail Address: _____

STUDENT INFORMATION

First Name: _____ Middle Initial: _____ Last Name: _____

School: _____ DOB: _____ Grade Level: _____ Homeroom: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____ Home Phone: _____

Are there any legal restraints prohibiting a parent/guardian from having access to this student's data: Yes No

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 Beaufort 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 Printed Name

Parent/Guardian Signature

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: _____