

# Skyward “Parent Access” Application

## Applicant Information

Full Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, State and Zip \_\_\_\_\_

Daytime Phone Number \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Please note that if you are not the student’s parent/guardian you need to obtain the parent’s/guardian’s signature before your request will be processed.

**Student(s) Information:** Please list all of the students that you are requesting access for. You only need to complete one form even if students are in multiple buildings.

Student name	Student’s Relationship to Applicant	School Building	Grade

Applicant Signature	
Date	

Parent/Guardian Signature <small>(If the applicant is not the Parent/Guardian)</small>	
Date	