



Cairo-Durham

CENTRAL SCHOOL DISTRICT

PARENT PORTAL ACCESS FORM

Information request for Parent Portal Access

Please use one (1) form *per person* requesting access to Parent Portal

Please use this form to amend an e-mail address for any contact with Parent Portal access as this information will affect log-in status

Name of Person Requesting Access: _____

Name(s) of Student(s): _____

Relationship to Individual(s): _____

E-Mail Address to be used for Parent Portal Access:

_____ @ _____

Note: This form must be completed in its entirety and returned to the school of student attendance; in order for access to the parent portal to be granted.

Parental Authorization to Add Portal Access

Note that without a PARENT/GUARDIAN signature below,

No authorization to the parent portal will be granted

Parent Name (signature): _____ Date: _____

Parent Name (print): _____