



# NASSAU COUNTY SCHOOL DISTRICT FOCUS PARENT PORTAL ACCESS REQUEST



Nassau County School District is pleased to offer access to the FOCUS Parent Portal. Please complete this form in order to access the portal. Please print using a pen and be sure to sign before submitting

PARENT/GUARDIAN INFORMATION			
<b>Name:</b> Last:		First:	Middle:
<b>Home Address:</b> Check here <input type="checkbox"/> if this is NOT your mailing address and write mailing address on back of form.	Number:	Street:	Apt #:
	City:	State:	Zip:
<b>Phone:</b>	Home:	Work:	Ext: Cell:
<b>E-Mail:</b> _____ @ _____			
<b>Relationship:</b>	Mother: <input type="checkbox"/>	Father: <input type="checkbox"/>	Stepmother: <input type="checkbox"/> Stepfather: <input type="checkbox"/> Foster Parent: <input type="checkbox"/>
	Grandmother: <input type="checkbox"/>	Grandfather: <input type="checkbox"/>	Other: <input type="checkbox"/> _____
<b>Identification:</b>	Driver License Number:		State:
	Military ID Number:		Service:
	Other: Type:	Number:	
I verify that I am the legal guardian of the child(ren) listed below and that I should have access rights to the parent portal. I agree to protect any student information printed or transferred to my computer from this site.			
<b>Signature:</b> _____		<b>Date:</b> _____	

STUDENT INFORMATION				
Student Name (Last, First, Middle Initial)	School	Grade	Date of Birth (mm/dd/yyyy)	Student ID Number (if known)

**For Office Use Only**

Received At: (School) _____ (Dept) _____	Check One: ID Verified <input type="checkbox"/> <u>OR</u> ID Attached <input type="checkbox"/>
Received By: _____	Date: _____
Verified By: _____	Date: _____
Denied: Reason _____	