

Genesis Parent / Guardian Access Form

PLEASE PRINT

Parent/Guardian

Last Name: _____

First Name: _____

Relationship: _____

Address: _____

Cell / Home Number: _____

E-Mail: _____

Parent/Guardian

Last Name: _____

First Name: _____

Relationship: _____

Address: _____

Cell / Home Number: _____

E-Mail: _____

Please note:

- 1. Your password for access will be e-mailed to each registrant.**
- 2. Students will have their own access to Genesis through the Student Portal. Students are not to have access to parent accounts.**

Users will be able to change contact information and electronically sign documents through the "Genesis Parent Access" portal. I understand that students **MAY NOT** have access to the parent's Genesis account. I will log out of the account when it is not in use and keep my password secure. Any actions or changes made through my account will be considered to be authorized and made by me.

Signed: _____ Date: _____

Students to be linked to my account:

Student 1: Last Name: _____ First Name : _____ Grade: _____ School ID # _____

Student 2: Last Name: _____ First Name: _____ Grade: _____ School ID # _____

Student 3: Last Name: _____ First Name: _____ Grade: _____ School ID # _____

Student 4: Last Name: _____ First Name: _____ Grade: _____ School ID # _____

OFFICE USE

Verified by: _____ Date: _____ Entered by: _____ Date: _____