



## Illuminate Parent Portal Access Request Form

To participate district-wide, **please complete ONE form per family** (list all students below).

Parent/Guardian Information:

\*Parent Last Name: \_\_\_\_\_ \*Parent First Name: \_\_\_\_\_

\*Address: \_\_\_\_\_

\*Home Phone: \_\_\_\_\_ \*Daytime Phone: \_\_\_\_\_

\*E-mail Address: \_\_\_\_\_ (REQUIRED)

**\* Required Fields**

Please list all students in the household below:

Student's Last Name	Student's First Name	Date of Birth	Grade	School

\*Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE: E-Mail address is required**

RETURN THE FORM TO: **YOUR CHILD'S SCHOOL SITE (if multiple sites, any site will work)**

### FOR OFFICE USE ONLY

Verified By: _____	Date: _____
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