

New Boston ISD: Parent Portal Access Request Form

Please submit IN PERSON for identification purposes to the appropriate campus office.

By completing this application, you authorize the New Boston Independent School District (NBISD) to make your student's personal information such as grades, attendance, and immunization records available to you by means of the Parent Portal Internet System.

Student Information:

List each child to be accessed.

First Name	Last Name	Campus	Grade	Student ID#

Parent Information:

An email address is required. If you do not have an email address, you will not be able to use the Parental Portal system.

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email address: _____

By checking the "Agree" box below, you waive any claims or causes of action that you may have against NBISD resulting from unauthorized access.

Agree

By signing this form, I certify the following: I understand that I am responsible for keeping this information confidential to the degree I desire. I also certify that I have full legal rights to this information.

Parent Signature: _____ Date: _____

THIS SECTION TO BE COMPLETED BY SCHOOL PERSONNEL.

I have identified to the best of my ability, that this person has the legal right to the child(ren) whose personal information is being accessed according to this request.

Campus Representative Signature: _____

Date email sent to Parent: _____