

**Lee County Schools  
Parent/Legal Guardian Portal Request Form**

**School:** \_\_\_\_\_

I am requesting access to my child/children's student information on the Lee County Schools Parent Portal website. Access to Parent Portal includes Messenger functionality between teachers and parents/guardians. If utilized, messages will be sent to both the portal account and the email address listed. I have read the *Lee County Schools Parent/Legal Guardian Portal Acceptable Use Agreement* and agree to abide by and support the expectations. In order to protect the confidentiality of the student records, all parent/legal guardians who want to use this service are required to fill out this form and return it **in person** your student's school. *If you have children at more than one school, a request form must be completed and turned in at each school.* **Please bring a photo ID with you when you return the form.**

**Please Print**

**Parent/Legal Guardian**

Name: (one name per form) \_\_\_\_\_  
(First Name, Middle Initial, Last Name)

Home Address: \_\_\_\_\_  
(Street address) (City) (State) (Zip)

Phone: (Home)(\_\_\_\_) \_\_\_\_\_ (Work)(\_\_\_\_) \_\_\_\_\_ (Cell)(\_\_\_\_) \_\_\_\_\_

Parent/Guardian Email Address: \_\_\_\_\_

***\*Please be advised that student school information may be sent to this address. If this email address is different than what is currently in Lee County School's information, the email address will be updated to reflect the address above.***

I am requesting a new PowerSchool Parent Portal Account and would like to add the following students:

I currently have a PowerSchool Parent Portal Account and would like to add the following students:

Please list all students currently enrolled or enrolling at this school:	Your Relation to the student (e.g. Mother)	Reside with Student (Yes or No)	School Building	Grade Level

***I certify that all of the above information is true and I have legal authority to access the records of the student(s) listed above. By signing this document I am authorizing LCS to grant Parent Portal for all students for whom I am a parent or legal guardian at this school.***

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature & I.D. must be that of the Parent/Guardian shown on the first line (mm/dd/yyyy)

Please send my Access Key by:  Email Listed Above  Mailing Address Listed Above

***Important – Once the above information is verified and processed, you will receive your Parent Portal Access ID along with directions on how to access the site and create your User Name and Password.***

Office Use Only:	Form & ID
Date returned: _____	Checked By: _____
<input type="checkbox"/> ID Verified	
<input type="checkbox"/> Verify Email	<input type="checkbox"/> Access ID Provided
<input type="checkbox"/> Account Created Manually	
Date Key or Manual Account Provided: _____	Initials: _____