

## BCSD Parent Portal Request Form

School:

### Requestor Information:

First Name:

Last Name:

Telephone:

Email Address:

Home /Mailing Address:

City:

State:

Zip:

In what capacity are you requesting access?

If other, please specify.

### Student Information:

For parents, list your children enrolled at this school:

Student Name	Student ID (optional)	Access ID	Access Password
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

**\*\*Please return this form to your child's school. Along with this form you will need to present a valid photo ID to verify your identity. Once your identity is confirmed, an Access ID and password will be generated for you so that you can create your student's Parent Portal account. \*\***