



Onslow County Schools Parent Portal Request Form

School: _____

Requestor Information:

First Name: Last Name:

Telephone: Email Address:

Home/Mailing Address

City: State: Zip:

Student Information:

For parents, list your children enrolled at this school:

			For school use only	
Student Name	Homeroom	Student ID (optional)	Access ID	Access Password
1. <input type="text"/>	<input type="text"/>	<input type="text"/>		
2. <input type="text"/>	<input type="text"/>	<input type="text"/>		
3. <input type="text"/>	<input type="text"/>	<input type="text"/>		
4. <input type="text"/>	<input type="text"/>	<input type="text"/>		
5. <input type="text"/>	<input type="text"/>	<input type="text"/>		
6. <input type="text"/>	<input type="text"/>	<input type="text"/>		
7. <input type="text"/>	<input type="text"/>	<input type="text"/>		
8. <input type="text"/>	<input type="text"/>	<input type="text"/>		
9. <input type="text"/>	<input type="text"/>	<input type="text"/>		
10. <input type="text"/>	<input type="text"/>	<input type="text"/>		

****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.****