

Home Base/PowerSchool Parent Portal: Application for Access - Notary

Instructions:

Si necesita servicios de traducción gratuitos para comprender los procesos escolares, llame al (919) 852-3303	إذا كنت بحاجة إلى خدمات الترجمة المجانية للتعرف على سير العمليات بالمدرسة، اتصل بالرقم و19 852-3303 (919)		यदि आपको विद्यालय की प्रक्रियाओं को समझने के लिए निःशुल्क अनुवाद सेवाएं चाहिए, तो (919) 852-3303 पर कॉल करें	학교/교육 과정에 관한 무료 번역 서비스가 필요하시면 다음 번호로 연락하여 주십시오 (919) 852-3303	Nếu quý vị cần sự thông dịch miển phí để hiểu phương pháp trường học, xin vui lòng gọi số điện thoại (919) 852-3303	如果您需要 免费翻译服 务来了解学 校流程,请 致电 (919) 852-3303
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Please complete all fields. Incomplete or illegible applications will not be processed. Completed forms should be signed in the presence of a Notary Public and returned to your student's school. Once the form has been accepted and processed, the parent/guardian will receive information containing activation instructions for the new Parent Portal account. Follow the instructions provided to start using the account. **Parents with multiple students in WCPSS must submit one form per student to the appropriate school(s)**.

Parent/Guardian Information:							
First Name:		Middle Initial:		Last Name:			
Relationship to Student:							
Home Phone:		Work Phone		rk Phone:	ne:		
Street Address:							
City:		State:			Zip Code:		
E-mail Address:							
Student Information:							
First Name:		Middle Initial:		Last Name:			
Student ID Number:							
Grade Level:				Date of Birth:			
Street Address:							
City: State:				Code:	Home Phone:		
Are there any legal restraints prohibiting a parent/guardian from having access to this student's data?							
Yes: 🗌 No: 🗌	If yes , please attach a copy of court order.						



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I verify that I am the parent/guardian of the student named above. I understand that the Wake County Public School System reserves the right to grant or deny access to the Parent Portal in accordance with the U.S. Family Education Rights and Privacy Act (FERPA). I also certify that I will advise my student's school of any issues resulting in a need for change of access to student records. I agree to keep my password and the data contained within the Parent Portal confidential. I also agree that I shall make no attempt to alter or destroy data and will report to the school administration any attempts to do so or any security concerns that may arise. Failure to abide by the terms of this agreement will result in the termination of my account.

Parent/Guardian Signature:	Date:					
For Notary Public Use Only:						
State of	, County of					
I,, a	a Notary Public for said county and state, do hereby certify					
that pe	rsonally appeared before me and acknowledged the due					
execution of the forgoing instrument.						
Witness my hand, and official seal, this the	day of	, 20				
(Notary Public)	_ Official Seal					
DO NOT WRITE BELOW THIS LINE						
For Office Use Only:						
Approved:	Date Student Access Number Sent:					
Denied: 🗌 Reason:	Sent By:					