



HOME BASE/POWERSCHOOL PARENT PORTAL: APPLICATION FOR ACCESS

Instructions:

Please complete all fields. **Parents/guardians must deliver this form to the 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 CCPS must submit one form per student to the appropriate school(s). Please allow schools time to process the request.**

Parent/Guardian Information

First Name: _____ Middle Initial: _____ Last Name: _____

Relationship to Student: _____ Home Phone: _____ Work Phone: _____

Street Address: _____ City: _____

State: _____ Zip Code: _____ E-mail Address: _____

Student Information

First Name: _____ Middle Initial: _____ Last Name: _____

School: _____ Date of Birth: _____ Grade Level: _____ Home Room: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____ Home Phone: _____

Are there any legal restraints prohibiting a parent/guardian from having access to this student's data: _____

If yes to the above question, please attach a copy of the court order.

I verify that I am the parent/guardian of the student named above. I understand that the Carteret 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: _____

DO NOT WRITE BELOW THIS LINE: FOR OFFICE USE ONLY

Form checked by: _____ Date: _____

_____ Approved Date Student Access Information Sent: _____

_____ Denied If denied, provide reason: _____