WAKE COUNTY
PUBLIC SCHOOL SYSTEM

Home Base/PowerSchool Parent Portal: Application for Access - Hand Delivery/Photo ID

Instructions:

Please complete all fields. Incomplete or illegible applications will not be processed. Parents/guardians must deliver this form to the student's school and present a photo ID. 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:	
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:	Zip 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.		

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:
DO NOT WRITE BELOW THIS LINE	
For Office Use Only:	
Photo ID Checked By:	
Name/Address Matches Form: Yes: ☐ No: ☐	
Approved: ☐ Denied: ☐	Date Student Access Number Sent:
Provide reason if application is denied:	Sent By: