



Saint Charles
Catholic School

POWERSCHOOL PARENT PORTAL

Instructions:

Please complete all fields. **Parents/guardians must deliver this form to the school office.** Once the form has been processed, the parent/guardian will receive information containing activation instructions for the new Parent Portal account.

PARENT/GUARDIAN INFORMATION

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

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

I/We understand that St. Charles Catholic School reserves the right to grant or deny access to the parent portal. I also certify that I/we will advise the school of any issues resulting in a need for change of access to student records. I/We agree to keep my/our password/s and the data contained within the parent portal confidential. I/We also agree that no attempt will be made 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/our account.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

DO NOT WRITE BELOW THIS LINE: FOR OFFICE USE ONLY

Approved

Date Student Access Information Sent: _____

In-Person

E-Mail

Mail
