

Skyward “Parent Access” Application

Applicant Information

Full Name _____

Street Address _____

City, State and Zip _____

Daytime Phone Number _____

E-Mail Address _____

Would you like to receive e-mails from our lunch program letting you know your student’s balance? _____

Please note that if you are not the student’s parent/guardian you need to obtain the parent’s/guardian’s signature before your request will be processed.

Student(s) Information: Please list all of the students that you are requesting access for. You only need to complete one form even if students are in multiple buildings.

Student name	Student’s Relationship to Applicant	School Building	Grade

Applicant Signature	
Date	

Parent/Guardian Signature <small>(If the applicant is not the Parent/Guardian)</small>	
Date	