Hillcrest Elementary School

Parent Request for Electronic Access to Grades

Student Name	Student ID# (6 digit) **5300 _____**
Home Address	Home Phone
Parent/Guardian's Name	Work Phone
Parent/Guardian's Email Address	Work Phone

Please enroll us for the following service: (password and web address will be emailed to the parent/guardian's email address)

☐ Password for Access to Grades Using the **Parent Internet Viewer**

Parent/Guardian's Signature	Date		

The parent may return this form in person with a picture ID **OR** they may have the form notarized and returned by their student.

_____ _____
Parent/Guardian Signature **Date**

Office Use Only
Verification Date
Verification Signature

STATE OF FLORIDA, COUNTY OF _____

I hereby certify that the foregoing was executed before me on this _____ day of _____

_____ My commission expires _____
Notary Public, State of Florida

Office Use Only	Date Entered		Date E-Mail Reply		Password Assigned