

LPS Parent Portal Activation Key Request Form

Office Use Only:

Approval Signature: _____ Date: _____

Please print or type below Parent/Guardian information:

First Name _____ Last Name _____ Middle Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work/Cell Phone _____ Email Address _____

Please list the students you wish to have access to:

First Name _____ Last Name _____ Grade _____ Relationship _____ School _____

Parent Signature _____

Date _____

Lewistown Public Schools Electronic Student Information System and Records Form

Purpose: to provide parents/guardians or eligible students the opportunity to view student data and information over the Internet. Student information may include but not be limited to the posting of grades, daily assignments, transcripts, and attendance from the District's student database system.

All records, data, or information related to individual students shall be treated as confidential, and shall be maintained in the manner that will assure the privacy of students and parents. Parents/guardians are only granted access to the electronic information via a unique user ID and strong password.

Lewistown School District #1 is committed to maintaining the confidentiality of educational records and any other student information from the District's student database system. Lewistown Public Schools Board Policy 3600P: *Access to Student Records* is intended to protect the confidentiality of the information in the educational record of the student. Any violation of the policy may result in termination of access privileges. A copy of the policy is available from the District Office. If disclosure of student information occurs or if access privileges need to change, then parents/guardians or eligible student must notify the school principal and request a change in their log-in and password.

Your signature indicates that you agree to comply with these policies.

Parent/Guardian Name _____
(Please Print)

Parent/Guardian Signature _____ Date _____

If the student is 18 years old or older

Student Signature _____ Date _____

Please return this signed form to your school principal