

# West Fargo Public Schools Parent Portal Access Request

Child's Student ID Number	Child's Date of Birth	Child's First Name that is on His/Her Birth Certificate	Child's Last Name	School Attending

Parent/Guardian First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Email Address \_\_\_\_\_

Parent/Guardian SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

**FOR SCHOOL OFFICE USE ONLY** (Store in CUM File)

Access Approved: Yes or No

Identification Verified by \_\_\_\_\_

Date Received \_\_\_\_\_

**FOR NOTARY PUBLIC USE WHEN PARENT LIVES OUT OF THE DISTRICT**

On this, the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me a notary public, the undersigned officer, personally appeared \_\_\_\_\_, known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument, and acknowledged that he executed the same for the purposes therein contained.

In witness hereof, I hereunto set my hand and official seal.

\_\_\_\_\_  
Notary Public Signature

Notary Public Seal