

Application for Student Information Parent Connection



Please complete this form and return it to the Registrar's office of your student's school. If you have students attending more than one school, you must complete one form per school. Your PIN, password and instructions will be mailed to you upon approval of your application. Thank you for your interest!

I hereby request access to information available electronically through the Bellingham School District's Parent Connection WEB Site for the following student(s):

Student Name: _____	School Attending: _____
Student Name: _____	School Attending: _____
Student Name: _____	School Attending: _____

I understand that access will be granted to name(s) listed below who resides at this address:

Parent/Guardian: _____	Relationship: _____
Email Address: _____	
Parent/Guardian: _____	Relationship: _____
Email Address: _____	
Mailing Address: _____	

Joint custody or the non-custodial parents may have access to Parent Connection for the above-mentioned student(s) by completing an application and receiving their own Personal Identification Numbers. Non-custodial or joint custody parents will not be denied access unless there is a legal contract on file to confirm this action.

I certify that I am the legal guardian, have joint custody, or that I am the non-custodial parent who has legal rights to Parent Connection. I understand and accept the Bellingham School District's Parent Connection Terms and Conditions and Privacy Statement, and that I will promptly communicate to school officials any change in my status of other listed individuals with respect to the student(s).

Signature: _____ Date: _____

School Action: Approved Denied Date: _____