WICHITA PUBLIC SCHOOLS
SCHOOL NAME
SCHOOL ADDRESS

PARENT ASSISTANT ACCESS REQUEST FORM

Instructions for completing this form:
A request form must be completed for each parent in the family requesting access to Parent Assistant.
A copy of this form will be given to you for your files and one copy maintained at the school. The form must be completely filled out before it can be processed. If you have questions regarding Parent Assistant or this access form, please contact your school.

I agree that I will only access my student's educational records for which I have a legitimate educational interest as defined by the **F**amily **E**ducational **R**ights and **P**rivacy **A**ct of 1974 (FERPA). **I also acknowledge that it is my obligation to notify the school office staff immediately if I obtain access to student records for any student other than the student(s) listed below. I understand that my access will be terminated if it is determined that I unintentionally obtained access to any other student records and did not notify the school or if it is determined that I intentionally accessed records for any student other than the one(s) listed below.**

☐I currently have Parent Assistant and my user name is:_____

Last Name_____ First Name_____

Address_____ _____
Street City, Zip

Day Phone _____ Parent Date of Birth_____(month/day 0nly)
This will be used to establish a user name to access Parent Assistant.

4 Digit PIN # (i.e Last 4 of your Social Security #)._____ Email:_____
This will be used for security if you need to reset your password, please use a number that you will remember.

_____ _____
Parent Signature Date

(The person who signed this form must present a photo ID to pick up the username and password for this request.)

I am requesting access to Parent Assistant for my children listed below

Last Name	First Name	Middle Initial	Date of Birth Month/Day/Yr	School	Grade

SCHOOL USE ONLY

Date_____ School Year_____

Parent Access Username_____User Password_____

Student ID Numbers:_____