



Westport Central School

PARENT PORTAL ACCESS FORM

Information request for Parent Portal Access

Please use this form to amend an e-mail address for any contact with Parent Portal access as this information will affect log-in status.

Name of Person Requesting Access: _____

Name(s) of Student(s): _____

Relationship to Student(s): _____

E-Mail Address to be used for Parent Portal Access:

_____ @ _____

Note: This form must be completed in its entirety and returned to the school of student attendance; in order for access to the parent portal to be granted.

Parental Authorization to Add Portal Access

Note that without a PARENT/GUARDIAN signature below,
NO authorization to the parent portal will be granted.

Parent Name (signature): _____ Date: _____

Parent Name (print): _____

