



PowerSchool Parent Access Request Form

McGregor I.S.D.
Technology Department
P. O. Box 356
McGregor, Texas 76657
Technology Phone: 254-840-4377

Dear Parent/Guardian,

In order to receive a user account for our online PowerSchool system, you must 1) agree to the guidelines stated below and provide your signature, 2) completely fill in the blanks on the access form, and 3) submit this form to the MISD Technology Department via mail (address above) or deliver to the student's campus office. **You must complete one of these forms for each student that you have enrolled.** Once the Technology Department receives this form, they will mail your account information to you within five business days.

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Guidelines for System Access

- 1) Only the parent/guardian may request access to the PowerSchool system. The mailing address you submit on this form must be the same address currently listed in our school records for your student(s).
- 2) For confidentiality purposes, the district will not give account information via phone, email, or fax.
- 3) The parent/guardian will be issued a unique account name and password for each student they request access for. It is the sole responsibility of the parent/guardian to protect the security of the account(s). The district will not be responsible in the event the account(s) becomes possession of another person other than the parent/guardian.
- 4) Inappropriate use of the PowerSchool online system (i.e. accessing records of non-family members or inappropriate communication via the system) will result in immediate loss of access.

Please provide your signature below indicating you have read and acknowledge the terms and conditions for access to the PowerSchool online system.

Parent/Guardian Name (printed): _____

Parent/Guardian Signature: _____

Date: _____

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Completely fill in the blanks below and please print clearly. This entire form must be submitted to the MISD Technology Department via mail (address above) or to campus office.

Parent/Guardian Name: _____

Parent/Guardian Mailing Address: _____

City, State, Zip: _____ Home Phone: _____

Parent/Guardian Email Address (if applicable): _____

Student Name: _____

Student's Campus: _____ Grade Level: _____

Home Room Teacher (elementary only): _____

Parent/Guardian Signature: _____ Date: _____

***Please Note:** Forms that are not completely filled out will not be honored.

OFFICE USE ONLY:	Date Sent: _____
Account ID: _____	
Account Password: _____	