



Winter Haven High School

Parent Request for Electronic Access to Grades/Attendance

Student Name	Student ID#
Home Address	Home Phone
Father's Name	Work Phone
Mother's Name	Work Phone
Student's Email Address	
Father's Email Address	
Mother's Email Address	

Please enroll us for the following service:

Password for Access to Grades and Attendance Using the **Parent Internet Viewer**

Father's Signature	Date	Mother's Signature	Date
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The parent may return this form in person with a picture ID **OR** they may have the form notarized and returned by their student.

_____ Parent/Guardian Signature _____ Date

STATE OF FLORIDA, COUNTY OF _____

I hereby certify that the foregoing was executed before me on this _____ day of _____

_____ My commission expires _____

Office Use Only	Date Entered	Date Email Reply	Password Assigned
Verification Date			
Verification Signature			