

Lincoln County School District

Active Parent Account Registration

Use this form to register for access to your child's grades, attendance and scheduling information. Due to security, only 1 (one) account will be issued to a legal guardian, per household.

* Indicates Required Field. Please PRINT clearly. We WILL NOT accept forms with white-out or mark-through.

Guardian Information

*First Name: _____

*Last Name: _____

*Last 4 Digits of your SSN: _____ (This will be used to generate the username for your account)

Contact Information

*Registered Residence Address: _____

*Phone Number: _____ - _____ - _____

E-Mail Address: _____

List Students

Name: _____ School: _____ Grade: _____

Name: _____ School: _____ Grade: _____

Name: _____ School: _____ Grade: _____

Name: _____ School: _____ Grade: _____

Name: _____ School: _____ Grade: _____

Name: _____ School: _____ Grade: _____

Name: _____ School: _____ Grade: _____

By signing below, I state that I am the authorized legal guardian of the children listed in Lincoln County School District and wish to request access to student grades and attendance information. I understand that falsifying the information contained in this form for non-legal purposes is considered a felony crime in the state of Mississippi and I may be subjected to criminal prosecution.

Signature X: _____ Date: _____