St. Lucie County School District
School Family Access Form

After filling out this form, you must go to your child's school to have your account activated by showing a picture id for verification. We assure you that your child's privacy is very important to us. Access to information is restricted by a secure parent log-on and password, and state-of-the-art technology for encryption that scrambles the information as it is transferred to your computer via the internet. If you have any questions, concerns, or suggestions to make this portal better, please contact your child's school between the hours of 8:00am and 3:00pm.

Home Address:	City and Zip Code

PARENT/GUARDIAN NAME: *Last*	*Appendage* __Jr__II__III	*First*	*Middle*
Residential Guardian: Y/N	Email Address:	Primary Phone Number	

PARENT/GUARDIAN NAME: *Last*	*Appendage* __Jr__II__III	*First*	*Middle*
Residential Guardian: Y/N	Email Address:	Primary Phone Number	

CHILD NAME: *Last*	*Appendage* __Jr__II__III	*First*	*Middle*
Current Grade:	Birth Date:*month/day/year* / /	Current School Placement:	

CHILD NAME: *Last*	*Appendage* __Jr__II__III	*First*	*Middle*
Current Grade:	Birth Date:*month/day/year* / /	Current School Placement:	

CHILD NAME: *Last*	*Appendage* __Jr__II__III	*First*	*Middle*
Current Grade:	Birth Date:*month/day/year* / /	Current School Placement:	

CHILD NAME: *Last*	*Appendage* __Jr__II__III	*First*	*Middle*
Current Grade:	Birth Date:*month/day/year* / /	Current School Placement:	

CHILD NAME: *Last*	*Appendage* __Jr__II__III	*First*	*Middle*
Current Grade:	Birth Date:*month/day/year* / /	Current School Placement:	