



CITRUS COUNTY SCHOOL DISTRICT SKYWARD FAMILY ACCESS VERIFICATION



Home Address:	City and Zip Code:
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Please fill in the appropriate information below for each parent and/or guardian that would like to have a login and password assigned to them. Parents and/or guardians of the same student(s) can share the same login and password if that would be easier for them.

PARENT/GUARDIAN

Last Name<	Suffix: <input type="checkbox"/> Jr. <input type="checkbox"/> I <input type="checkbox"/> II	First<	Middle<
Residential Guardian: <input type="checkbox"/> Yes <input type="checkbox"/> No	Email address:		Primary Phone Number:

Last Name<	Suffix: <input type="checkbox"/> Jr. <input type="checkbox"/> I <input type="checkbox"/> II	First:	Middle:
Residential Guardian: <input type="checkbox"/> Yes <input type="checkbox"/> No	Email address:		Primary Phone Number:

CHILD INFORMATION

Last Name<	Suffix: <input type="checkbox"/> Jr. <input type="checkbox"/> I <input type="checkbox"/> II	First:	Middle:
Current Grade:	Birthdate: (Month/Date/Year) / /	Current School:	

Last Name<	Suffix: <input type="checkbox"/> Jr. <input type="checkbox"/> I <input type="checkbox"/> II	First:	Middle:
Current Grade:	Birthdate: (Month/Date/Year) / /	Current School:	

Last Name<	Suffix: <input type="checkbox"/> Jr. <input type="checkbox"/> I <input type="checkbox"/> II	First:	Middle:
Current Grade:	Birthdate: (Month/Date/Year) / /	Current School:	

Last Name<	Suffix: <input type="checkbox"/> Jr. <input type="checkbox"/> I <input type="checkbox"/> II	First:	Middle:
Current Grade:	Birthdate: (Month/Date/Year) / /	Current School:	

Last Name<	Suffix: <input type="checkbox"/> Jr. <input type="checkbox"/> I <input type="checkbox"/> II	First:	Middle:
Current Grade:	Birthdate: (Month/Date/Year) / /	Current School:	

By signing below, you are stating that you are the parent / guardian of the children listed above and have the right to access their private student information.

Print name: _____

Signature: _____ Date: _____