

HACKENSACK MIDDLE SCHOOL

Parent/Guardian Student Access Security Request Form

Please complete the following and return it in person to your child's school. A photo ID will be required to complete the process.

Parent/Guardian Information

(Please print)

Parent/Guardian

First Name: _____ Last Name: _____

Telephone # (daytime): (____) _____ - _____

Email: _____ @ _____

Student Information

(Please print)

Student's School: Hackensack Middle School

Student ID: _____

(Printed on schedule or report card)

Student's

First Name: _____ Last Name: _____

Enter the student's date of birth: ____/____/____ Grade Level: _____

Student's School: Hackensack Middle School

Student ID: _____

First Name: _____ Last Name: _____

Enter the student's date of birth: ____/____/____ Grade Level: _____

Thank you for signing up for the Parent/Guardian Student Access On-Line Services. You will receive an email when your ID has been assigned to access information on your student(s).

School Use Only

Type of Parent/Guardian Photo ID: _____ Number: _____

Parent/Guardian is authorized to access above student ____ Yes ____ No

_____/_____/____

Principal's Signature Date

Notes: _____

FORWARD TO INFORMATION TECHNOLOGY

Information Technology Use Only

Parent/Guardian user account assigned: ____ Yes ____ No Date: ____/____/____

Notification sent to parent's email: ____ Yes ____ No Date: ____/____/____

Notes: _____

Your Genesis Parent Access Code and password will be enabled in the next few weeks and e-mailed to you. The first time you login to the system you will have the opportunity to change your password. Please retain your username and password as these codes will access your child's data until he/she graduates.