



**Saint Charles  
Catholic School**

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**POWERSCHOOL PARENT PORTAL**

**Instructions:**

Please complete all fields. **Parents/guardians must deliver this form to the school office.** Once the form has been processed, the parent/guardian will receive information containing activation instructions for the new Parent Portal account.

**PARENT/GUARDIAN INFORMATION**

First Name:

Middle Initial:

Last Name:

First Name:

Middle Initial:

Last Name:

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I/We understand that St. Charles Catholic School reserves the right to grant or deny access to the parent portal. I also certify that I/we will advise the school of any issues resulting in a need for change of access to student records. I/We agree to keep my/our password/s and the data contained within the parent portal confidential. I/We also agree that no attempt will be made to alter or destroy data and will report to the school administration any attempts to do so or any security concerns that may arise. Failure to abide by the terms of this agreement will result in the termination of my/our account.

Parent/Guardian Signature:

Date:

Parent/Guardian Signature:

Date:

**DO NOT WRITE BELOW THIS LINE: FOR OFFICE USE ONLY**

Approved

Date Student Access Information Sent: \_\_\_\_\_

In-Person

E-Mail

Mail

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