

**parentCONNECTxp
Registration Form**

Parent Information

PLEASE PRINT

Today's Date:	
Parent's First Name:	
Parent's Last Name:	
User Name: (ONE THAT YOU CREATE; no spaces or special characters permitted)	
Password: (minimum 4 characters/maximum 8 characters)	
Mailing Address:	
City:	
State:	Zip Code:
Home Phone:	
Work Phone:	
Email Address:	

Parent Signature: _____
(parent signature required to activate account)

Student Information

!!! Please enter information for each of the students you would like to register !!!

Student Name	School	Grade	Student ID #
<i>Example: John Smith</i>	<i>Middle</i>	7	12345
<i>Example: Mary Smith</i>	<i>High</i>	9	67890

Please return completed Registration Form to Rob Warfield, Assistant Network Systems Administrator, South Fayette High School, 3640 Old Oakdale Road, McDonald, PA 15057. Upon receipt, you will receive an e-mail confirmation with your **User ID** and **Password**.