



Fonda-Fultonville Central School Partent Portal Request And Update Form



Filling this form will enable web access to student informaton. In order to protect the confidentiality of student records, all parents/guardians who want to use this service are required to fill out this form and return it in person to any one of your student(s)' schools. Only 1 form is need per faimly. For security purposes, a photo ID is required when you return the form. If you are unable to bring the form in, you may also have the form notarized and sent to: Parent Portal Registration ATTN: Amy Thum, Fonda-Fultonville Central School, 112 Old Johnstown Rd. P.O. Box 1501, Fonda, NY 12068-1501

PLEASE PRINT

Parent / Guardian

Name (one name per form): _____
(First Name, Middle Initial, Last Name)

Parent / Guardian

Home Address: _____

REQUIRED

VALID Parent/Guardian E-Mail Address:

ONLY ONE EMAIL PER APPLICATION - Please PRINT EMAIL ADDRESS NEATLY; this will be your user name

Please list all children in household who are / will be enrolled .(Student Name)	Your relationship to student	Reside with Student? (Yes or No)	School	Current or Grade Entering

Note: Current Parent Portal users do not need to fill this out again. New children will be added when registered.

I certify that all of the above information is true and I have legal authority to access the records of the student(s) listed above.

Signed: _____ **Date:** _____
Signature & ID must be that of the Parent/Guardian shown on first line (mm/dd/yyyy)

Important – Once the information provided above is verified and processed, you will receive notification via email that your account has been created and instructions on how to get an initial password. When you receive your password, you will be able to access SchoolTool through our website: https://schooltool2.neric.org/schooltool_FOND/, and change your password. Your User name is your email address. You will be required to change your password on 1st logon.

Office Use Only:	Date: _____	<input type="checkbox"/> ID Verified	Form & ID Checked By: _____ (First initial, FULL Last name)
District Computer Office :	<input type="checkbox"/> Verify E-mail	<input type="checkbox"/> Account Created	Date: _____ Initials: _____

Notary Statement (if applicable):

STATE OF _____, COUNTY OF: _____

On this day personally appeared before me _____, to me known to be the person(s) described in and who executed the within and foregoing instrument, and acknowledged that he/she signed the same as his/her voluntary act and deed. Witness my hand and official seal hereto affixed

this _____ day of _____, _____, Notary Public for the State of _____, Commission expires _____.