

## CITRUS COUNTY SCHOOL DISTRICT SKYWARD FAMILY ACCESS VERIFICATION



Home Address:				City and Zip Code:			
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< □ Jr. □ I □		'irst<		Middle<	
Residential Guardian:	ential Guardian:   Email address:			Primary		Phone Number	
Yes No	Email additss.				Primary Phone Number:		
Last Name<		Suffix:	F	irst:		Middle:	
		□ Jr. □ I □					
Residential Guardian:	Email address:				Primary F	Phone Number:	
☐ Yes ☐ No							
CHILD INFORMATION  Last Name< Suffix: First: Middle:							
Last Name<		Jr. □ I □		irst:		Middle:	
Current Grade:	Birthdate: (Month/Date/Year)		Curren	t School:			
	/ /						
Last Name<		Suffix: □ Jr. □ I □		irst:		Middle:	
Current Grade:	Birthdate: (Month/Date/Year)		Current School:				
	/ /						
Last Name< Suffix:				irst:		Middle:	
		☐ Jr. ☐ I ☐					
Current Grade:	Birthdate: (Month/Date/Year)		Current School:				
	/ /						
Last Name<		Suffix: □ Jr. □ I □	First:			Middle:	
Current Grade:	Birthdate: (Month/Date/Year)		Cumnon	at School:			
Current Grade.	/ /		Curren	a School.			
	, ,						
Last Name< Suffix:			First:			Middle:	
		☐ Jr. ☐ I ☐	II				
Current Grade:	Birthdate: (Month/Date/Year)		Curren	t School:			
	/ /						
Divisioning below you are stating that you are the negative after abilding listed above and beyon the wints to							
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.							
access their privat	c stuucht iinomation.						
Print name:							
	<del>_</del>						
Signature:				Date <sup>.</sup>			