BASTROP ISD FAMILY ACCESS
REQUEST FOR USERNAME/PASSWORD

User acknowledges by their signature that Family Access information is presented in good faith and believed to be accurate. Bastrop ISD does not guarantee satisfactory results from reliance upon such information.

Parent/Guardian name (print): _____

Physical Address:_____

Mailing Address:_____

Home Phone: _____ Work : _____ Cell:_____

E-Mail Address:_____

Signature of Parent/Guardian:_____

Students in your Household:

Student's Name (print)	Relationship to you	Campus

Only one form is needed per family. It is not necessary to re-apply for Family Access each school year.

A <u>Valid Photo ID</u> must be presented to receive a Username/Password. Please print, complete and return this form and the valid photo ID to a registrar at one of your student(s) campus. Please allow 2-3 weeks to process.

We will activate your account and you will be provided your Username, Password, and additional information.

For Office Use Only:

Campus Registrar Approval:_____

USERNAME: _____   PASSWORD: _____