



Parent/Guardian: First Name

Last Name

Address

City, State

Zip

()

Home Phone

()

Work Phone

Primary Contact (Guardian) Email Address

I request access for the following student(s):

Student

Campus

Student

Campus

Student

Campus

Student

Campus

User Agreement:

Waiver of Claims Against LISD

I understand and agree that by accepting access to PowerSchool, I take responsibility for the security of my password and related access. I waive any claims or causes of action I may have against LISD by reason of unauthorized access.

Parent/Guardian Signature

Date

Please complete this form and return it to the appropriate LISD campus office.

Your unique username and password will be mailed to you.

Note: the mailing address that you list on this form must match the Parent address in your student's registration file.

*only 1 username/password will be created per student