

SKYWARD STUDENT ACCESS APPLICATION

Please review, complete and return the application form to one of the schools your children attend. **Each household will only need to complete one form per family/student.**

By completing this application, the Skyward Family/Student Access user is requesting a username and password for the PEASD Skyward Family/Student Access Portal, and agrees to the terms of the PEASD Skyward Family/Student Access Acceptable Use Policy (363.4-R4).

Please check all that apply:

_____ I have read the PEASD Skyward Family/Student Access Acceptable Use Policy (AUP).

_____ I have a computer that meets the minimum hardware and software requirements that are outlined in the AUP.

_____ I understand that the PEASD reserves the right to deny or void any PEASD Skyward Family/Student Access account at any time for reasons that include, but are not limited to, abuse of the site, failure to follow the PEASD Skyward Family/Student Access AUP, court orders, or any other legal proceedings that limit the availability of private educational data.

Parent or Guardian Information:

Last Name: _____ First Name: _____

Relationship to Student: _____

Address: _____

City: _____ State: _____ Zip: _____

Day Phone: _____

E-mail Address: _____

Student Information

Last Name: _____ First Name: _____

Date of Birth: _____ Grad Year/Grade: _____

Building: (circle one) **PEHS** **PEMS** **PES** **EES**

By signing I agree to the guidelines of the PEASD Skyward Family/Student Access AUP (363.4-R4)

Parent/Guardian Signature

Date

Student Signature

Date