

**Application for Student Information  
Parent Connection**



*Please complete this form and return it to the Counseling Office. We will mail you your PIN, password and instructions. Contact Angela Schober, Registrar (x5205), or Cheryl Johnson, Counseling Secretary (x5204), with any questions. Thank you for your interest!*

I hereby request access to information available electronically through the Bellingham School District's Parent Connection WEB Site for the following student(s) attending **Sehome High School**:

Student Name: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade Level: \_\_\_\_\_

I understand that access will be granted to name(s) listed below who resides at this address:

Parent/Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

**Joint custody or the non-custodial parents may have access to Parent Connection for the above-mentioned student(s) by completing an application and receiving their own Personal Identification Number.** Non-custodial or joint custody parents will not be denied access unless there is a legal contract on file to confirm this action.

I certify that I am the legal guardian, have joint custody, or that I am the non-custodial parent who has legal rights to Parent Connection. I understand and accept the Bellingham School District's Parent Connection Terms and Conditions and Privacy Statement, and that I will promptly communicate to school officials any change in my status of other listed individuals with respect to the student(s).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

School Action:  Approved  Denied Date: \_\_\_\_\_