CITRUS COUNTY SCHOOL DISTRICT
SKYWARD FAMILY ACCESS VERIFICATION

SKYWARD

Skyward Family Access will allow parents/guardians access to view their child's information, grades, and academic progress. We assure you that your child's privacy is very important to us. Access to information is restricted by a secure parent log-on and password, and state-of-the-art technology for encryption that scrambles the information as it is transferred to your computer via the internet. Once the information on this form is validated by the school, you will receive instructions, via email, to reset your password. Your login ID will be your firstname.lastname. If you have any questions or concerns please contact your child's school between the hours of 8:00am and 3:00pm.

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 ☐ II	First:	Middle:
Residential Guardian: ☐ Yes ☐ No	Email address:			Primary Phone Number:

Last Name:		Suffix: ☐ Jr. ☐ I ☐ II	First:	Middle:
Residential Guardian: ☐ Yes ☐ No	Email address:			Primary Phone Number:

CHILD INFORMATION

Last Name:		Suffix: ☐ Jr. ☐ I ☐ II	First:	Middle:
Current Grade:	Birthdate: (Month/Date/Year) / /		Current School:	

Last Name:		Suffix: ☐ Jr. ☐ I ☐ II	First:	Middle:
Current Grade:	Birthdate: (Month/Date/Year) / /		Current School:	

Last Name:		Suffix: ☐ Jr. ☐ I ☐ II	First:	Middle:
Current Grade:	Birthdate: (Month/Date/Year) / /		Current School:	

Last Name:		Suffix: ☐ Jr. ☐ I ☐ II	First:	Middle:
Current Grade:	Birthdate: (Month/Date/Year) / /		Current School:	

Last Name:		Suffix: ☐ Jr. ☐ I ☐ II	First:	Middle:
Current Grade:	Birthdate: (Month/Date/Year) / /		Current School:	

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.

Print name: _____

Signature: _____   Date: _____

Please print this form and return it to your child's school. Only 1 form per family is needed.