



MECKLENBURG COUNTY PUBLIC SCHOOLS  
175 Mayfield Drive, P.O. Box 190  
Boydton, VA 23917

*Only one form  
required per  
household.*

**PARENT PORTAL FORM**

**PLEASE PRINT CLEARLY WHEN COMPLETING THIS FORM**

**Student(s) Attending MCPS:**

<i>STUDENT ID</i>	<i>STUDENT NAME</i>	<i>DATE OF BIRTH</i>	<i>CURRENT SCHOOL</i>

**NAME OF LEGAL PARENT/GUARDIAN WHO IS REQUESTING PARENT PORTAL ACCESS:**

<i>NAME of PARENT/GUARDIAN</i>	<i>LEGAL RELATIONSHIP TO STUDENT</i>	<i>PERSONAL EMAIL FOR USER NAME</i>

\_\_\_\_\_  
*Signature of Legal Parent/Guardian Authorizing Access*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Phone # for Contact Information*

***ONCE YOUR ACCOUNT HAS BEEN SET UP YOU WILL RECEIVE INSTRUCTIONS ON  
HOW TO ACTIVATE YOUR ACCOUNT VIA THE EMAIL ADDRESS YOU PROVIDED FOR YOUR USER NAME.***