

SIMPSON COUNTY SCHOOL DISTRICT
ACTIVE PARENT REQUEST

Parent Name: _____

Street Address: _____

Mailing Address: _____

City, State, Zip _____

Home Phone: _____

Cell/Work Phone: _____

E-mail Address: _____

Identification: _____

Student Name: _____

School: _____

SSN: _____

Grade: _____

BROTHERS AND/OR SISTERS UNDER THE SAME ACCOUNT: (NAME & SCHOOL)

If account is not activated during office visit, contact me with my username and password
by Email: _____ Mail: _____ Phone: _____

Signature of Parent Date

Signature of School Office Personnel

Account Activated By: _____ Date: _____
Confirmation: Office Visit: _____ Email: _____ Mail: _____ Phone: _____