

Squalicum High School
Application for Student Information Parent Connection

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

Student Name: _____

Student Name: _____

Student Name: _____

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: _____

Please return this completed form to the Squalicum Main Office. Within 7 business days you will be mailed a PIN, password, and directions to access Parent Connect.