



LAKE COUNTY SCHOOLS

Family Access Enrollment Form

Family Access will allow you as a parent/guardian to monitor your child's academic progress online. You will have access to grades as they are posted in real time, along with attendance records, test scores, homework assignments and important district documents, such as the student code of conduct. You can also receive email alerts and download a Family Access mobile app for your smartphone or tablet.

There are two ways to activate your account. Complete the form on Page 2 of this document, and:

- 1) Bring it to your child's school with your picture ID for verification, or
- 2) Get it notarized and have your child bring it to school.

Your child's privacy is very important to us. Access to information is restricted by a secure parent log-on and password encryption technology that scrambles the information as it is transferred to your computer via the internet.

Other ways to stay informed about what's happening at Lake County Schools:



Facebook.com/LakeSchools



Twitter.com/lakeschools



Web site: lake.k12.fl.us

If you have any questions, please contact your child's school between 8 a.m. and 3 p.m.



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Please print:

Legal Parent/Guardian Name: Last	First	Middle
Residential Guardian: Y/N	Email Address (for email alerts):	Primary Phone Number
Street Address	City/State	Zip Code:

Please list all LCS students in grades K-12 in the household.

Student Full Legal Name: (Last, First, MI)	DOB: (MM/DD/YYYY)	Current Grade:	Your relationship to Student	School

Option 1: Parent or guardian must bring form to school in person with ID.

Parent or Legal Guardian Signature:	Date:

Option 2: Student may bring notarized copy of form to school.

Notary Public:	
State of: _____ County of: _____	
Sworn to and subscribed for me this _____ day of _____, _____.	

NOTARY PUBLIC – STATE OF FLORIDA	
_____	_____
(Print Name of Notary Public)	(Serial/Commission Number)
Personally Known ____ or Produced Identification ____ Type of Identification Produced: _____	
My Commission Expires: _____	

OFFICE USE ONLY

Verified by: _____
(Employee Name – Print)

(Employee Signature)

(Date)