



PARENT APPLICATION FOR ACCESS TO STUDENT/PARENT ACCESS NETWORK (SPAN)

Instructions: Please complete all fields. Incomplete or illegible applications will not be processed. Completed forms should be signed in the presence of a Notary Public and returned to your student's school or parents/guardians may deliver this form to the student's school and **present a photo ID** to authorized personnel in Student Services. Once the form has been accepted and processed, the parent/guardian will receive an email containing activation instructions for the new SPAN account. Simply follow the instructions in the email to start using the account. Parents with multiple students must submit one form per student to the appropriate school(s).

PARENT/GUARDIAN INFORMATION *Please Print Neatly*

First Name

Middle Initial

Last Name

Relationship to Student

Home Phone

Work Phone

Street Address

City

State

Zip Code

Email Address

STUDENT INFORMATION

First Name

Middle Initial

Last Name

NCWise ID Number

Grade Level

Date of Birth

Street Address

City

State

Zip Code

Home Phone

Are there any legal restraints prohibiting a parent/guardian from having access to this student's data?

___ yes ___ no If yes, please attach a copy of court order.

I verify that I am the parent/guardian of the student named above. I understand that the Wake County Public School System reserves the right to grant or deny access to the SPAN system in accordance with the U.S. Family Education Rights and Privacy Act (FERPA). I also certify that I will advise my student's school of any issues resulting in a need for change of access to student records. I agree to keep my password and the data contained within the SPAN system confidential. I also agree that I shall make no attempt to alter or destroy data and will report to the school administration any attempts to do so or any security concerns that may arise. Failure to abide by the terms of this agreement will result in the termination of my account.

Parent/Guardian Signature

Date

For Notary Public Use Only:

State of _____, County of _____

I, _____, a Notary Public for said county and state, do hereby certify

that _____ personally appeared before me and acknowledged the due

execution of the forgoing instrument.

Witness my hand, and official seal, this the _____ day of _____, 20_____

(Notary Public)

Official Seal

DO NOT WRITE BELOW THIS LINE

For Office Use Only:

Date Account Created: _____

Photo ID Checked By: _____

Username: _____

Name/Address Matches Form: Yes No

Created By: _____

Approved

Denied: Reason: _____
