

**BATESBURG-LEESVILLE ELEMENTARY SCHOOL
POWERSCHOOL PARENT PORTAL ACCESS FORM**

PARENT/GUARDIAN NAME (PLEASE PRINT CLEARLY)

STUDENT(S) FULL NAME:

**PLEASE CHECK BELOW YOUR PREFERENCE FOR RECEIVING
INFORMATION.**

E-MAIL INFORMATION

E-MAIL ADDRESS OF PARENT/GUARDIAN

PICK INFORMATION UP IN THE MAIN OFFICE

**SEND THE INFORMATION HOME WITH STUDENT (We will not be
responsible for lost information).**

PARENT/GUARDIAN SIGNATURE:

DATE _____

TELEPHONE NUMBERS WHERE YOU CAN BE REACHED:

_____ **HOME**

_____ **CELL**

_____ **WORK**