Manasquan School District Genesis Parent Portal Access Form

* Please complete the below form and return it to your child's school. Neatly PRINT one letter/number in each box. Your Genesis Parent Access login information and password will be enabled in the next few weeks and e-mailed to you.

Parent/Guardian Information

First Name:

Last Name:

E-mail Address:

Telephone # (daytime):

Signature: _____ Date: ____ / ____ / ____

Student #1 Information

First Name: Middle Initial:

Last Name: Grade Level:

Student's Date-of-Birth: ____ / ____ / ____ Relationship to Student:

Student #2 Information

First Name: Middle Initial:

Last Name: Grade Level:

Student's Date-of-Birth: ____ / ____ / ____ Relationship to Student:

Student #3 Information

First Name: Middle Initial:

Last Name: Grade Level:

Student's Date-of-Birth: ____ / ____ / ____ Relationship to Student:

Student #4 Information

First Name: Middle Initial:

Last Name: Grade Level:

Student's Date-of-Birth: ____ / ____ / ____ Relationship to Student: