Manasquan School District
Genesis Parent Portal Access Request Form

Please complete the below form and return it to your child's school. Your Genesis Parent Access login information and password will then be emailed to the email address you specify.

Parent/Guardian & Account Information

_____   _____   _____
Parent/Guardian First Name   Parent/Guardian Last Name   MI

_____   _____
Parent/Guardian Email Address & Login ID   Telephone Number
(Must Be a Valid Email Account in Order to Receive Login Information)

Please check one of the following. This form is being submitted to:

☐   Create a New Parent Portal Account for this Email Address   ☐   Add Student(s) to an Existing Account

Student #1 Information

_____   _____   _____
Student's First Name   Student's Last Name   MI

_____   _____ / _____ / _____
Student ID Number   Student's Date of Birth

Student #2 Information

_____   _____   _____
Student's First Name   Student's Last Name   MI

_____   _____ / _____ / _____
Student ID Number   Student's Date of Birth

Student #3 Information

_____   _____   _____
Student's First Name   Student's Last Name   MI

_____   _____ / _____ / _____
Student ID Number   Student's Date of Birth

Certification and Signature

I certify I am the parent or legal guardian of the students listed above and am permitted access to their records.

_____   _____
Signature of Parent/Guardian   Date