

**Immanuel Lutheran School
Online Student Information System
User Access Request Form**



I hereby request access to Immanuel Lutheran School's Online Student Information System for the student(s) listed below. Upon approval, a Username and password will be provided to allow access to relevant student information. It is up to the guardian to protect the privacy of the Username and Password, and ensure that this access data and information gained through the Online Student Information System is not shared inappropriately or compromised. Access is granted at the sole discretion of school management and inappropriate use as determined by school management will result in suspension of system access.

Student Name (Last, First)	Grade -Teacher

(Applies to students in grades 3-8 only)

Guardian Name: _____
PRINTED

Guardian Name: _____
SIGNATURE

Date: _____

Guardian Email Address: _____
(Requested for notification of system changes)

Please return this signed form to the Immanuel Lutheran School office.