

## Greenville Public School District

Phone: 662.334.3842

Email: <a href="mailto:kwashington@gville.k12.ms.us">kwashington@gville.k12.ms.us</a>

ACTIVE PARENT ONLINE REGISTRATION FORM				
Parent/Guardian		Email		
Name:		Address:		
Address:		Phone:		
			Zip	
City:		State:	Code:	
I request to be an ACTIVE PARENT and view the infor	mation made availa	ıble to me for	the following student(s):	
Student(s) Name (be sure to include middle initials)	Grade		School	
I have been informed that the ActiveParent online (Sam Spectra) resou scheduling,attendance and discipline of the student(s) specified on this sensitive, confidential information regarding my child(ren) and it's m aware that sharing information obtained for ActiveParent Online will shall be held liable for any implication resulting from sharing such inf shall serve as confirmation that I am the parent or guardian of the student Guardian	form. I understand that a responsibility to maintain be at my sole discretion a commation. My signature b	ActiveParent Onli in the integrity of and neither Green below indicates m	ne registration allows access to said information. Further, I am ville Public Schools nor its affiliates	
Signature:				
Your Username can be your last name and the last the district parent & family engagement specialist in Your password has to be at least 4 letters and 2 nuter EXAMPLE: doe1234	f you need a reset f	ial Security N or your userr	name and/or password.	
Learning.				
For office use  I authorize the release of record  Yes  No  application. I have verified that the records and be registered.	the parent/guardia	n has been ap	proved to access	
Administrator/Secretary:  Attach a copy of parent/guardia		nte Signed: comply w	ith FERPA.	

The ActiveParent web address is <a href="https://greenville.activeparent.net">https://greenville.activeparent.net</a>

Original – Parent & Family Engagement Specialist

Under Dotted Line- Parent/Guardian

Jsername:	Password: