



# Schoharie Elementary School

PO Box 430, 136 Academy Drive, Schoharie, New York 12157

(518) 295-6651

FAX: (518) 295-9506

## APPLICATION FORM FOR OUR SCHOOL TOOL PARENT PORTAL

**Schoharie Central School District**

**Parent Contact Information**

**Name:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

(This email address is required to obtain an account. It is and/or will be your primary email address with the district.)

I hereby give Schoharie Central School permission to place information regarding the following student(s) in the SchoolTool Parent Portal System:

Student Name	Grade

**Parent/Guardian Name (please print):** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Please return this application form to the Elementary Main Office.