

# The Glen Rock Public School District

## Parent/Guardian Genesis Parent Portal Request Form

Please return this form to the Guidance Office in a sealed envelope labeled "Parent Portal" as soon as possible. Access will be granted when information is entered into the system. This cannot happen without receipt of this form. Once our office has completed your registration, you will receive an email from us with your login and password information. Please keep that email in a safe place for future reference.

**Please mail, email, or fax the completed registration form to:**

**Guidance Department  
Glen Rock High School  
400 Hamilton Avenue  
Glen Rock, NJ 07452  
Att: Parent Portal Admin**

**Email:** [millerd@glenrocknj.org](mailto:millerd@glenrocknj.org) or [wolosm@glenrocknj.org](mailto:wolosm@glenrocknj.org)

**Fax:** 201-389-5008

**Please clearly print all information.** Any errors may delay our ability to provide you with access to the Genesis Parent Portal.

### Parent / Guardian Information

*(Please Print Legibly)*

**Parent/Guardian Primary Email Address (this is required as it will be your Login ID)**

Email Address (will be log on name) \_\_\_\_\_@\_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Telephone # (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Relationship to child(ren) \_\_\_\_\_

### Student Information

*(Please Print Legibly)*

**Student #1**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ School: \_\_\_\_\_

**Student #2**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ School: \_\_\_\_\_

**Student #3**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ School: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

*If additional space is required, use the back of this form*