

Parent Portal Information Form

Please fill out the following form for access to the Parent Portal.

User ID \_\_\_\_\_ Password \_\_\_\_\_

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Last Name \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Children's Names \_\_\_\_\_

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Send the form to:

Parent Portal Access  
Al Edwards  
Osakis Public Schools  
PO Box X  
Osakis, Mn. 56360