



Brownstown: Snyder & Metzler Road, Brownstown, PA 17508  
 Mount Joy: 432 Old Market Street, Mount Joy, PA 17552  
 Willow Street: 1730 Hans Herr Drive, Willow Street, PA 17584

(717) 859-5100  
 (717) 653-3000  
 (717) 464-7050

### Parent/Student Portal Signup

**(TO BE FORWARDED TO AND MAINTAINED BY STUDENT SERVICES)**

I or We, the parent/guardian(s) of:

Student's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ Circle one, if applies (Jr., II, III, IV)

Mailing/Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ LCCTC Program: \_\_\_\_\_

I request and authorize the access of my child's grades, attendance, discipline and class schedule on line by the parent/guardian listed below. This information will only be made available to the contacts listed below with a valid email address, and parent/guardian signature and no other confidential information will be made available. ***If you wish not to have this service made available to you check the box at the bottom of this form.***

**Parent/Guardian #1:** (Check One): \_\_\_ Father \_\_\_ Mother \_\_\_ Guardian \_\_\_ Other \_\_\_\_\_

*Print:* Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Circle one, if applies: (Sr., Jr., II, III, IV)

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

Parent/Guardian #1 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Parent/Guardian #2:** (Check One): \_\_\_ Father \_\_\_ Mother \_\_\_ Guardian \_\_\_ Other \_\_\_\_\_

*Print:* Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Circle one, if applies: (Sr., Jr., II, III, IV)

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

Parent/Guardian #2 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Student:**

*Print:* Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Circle one, if applies: (Sr., Jr., II, III, IV)

Program: \_\_\_\_\_

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

Check this box if you do not wish to receive this service.