



ActiveParent Form

Parents Last Name	Parents First Name	Middle Initial
Parents Phone Number	Parents Email Address	

Students Last Name	Students First Name	Middle Initial

_____ I authorize Moss Point School District to create an account for my student enrolled in the Moss Point School District. I understand that this information is confidential.

Signature of Parent

Date

Please return this form to your child's school.

***** FOR DISTRICT USE ONLY *****

Please do not write below this line

User Name Created

Employee who created account

Password

Date

