

**MONROE TOWNSHIP BOARD OF EDUCATION
MONROE TOWNSHIP HIGH SCHOOL
200 Schoolhouse Road
Monroe Township, NJ 08831**

TO: Monroe Township Network Operations Center

RE: Request for Genesis Parent Access Account

Date of Request _____

I am requesting access to the district's Genesis – Parent Access Webserver. I accept sole responsibility for securing my user account and password.

Parent Information:

First Name: _____

Last Name: _____

Mailing Address: _____

City: _____

Home Phone Number: _____

Work Phone Number (optional): _____

Email Address (This will be your username): _____

I certify that the information that I have provided is factual.

(Parent's Signature) _____

Student Information

Please enter information for each of the students you would like to register.

Student Name	School Name Circle One	Grade Level
	MTHS/ MTMS/AES/ OTS WES/ ML/ BES/ BB	
	MTHS/ MTMS/AES/ OTS WES/ ML/ BES/ BB	
	MTHS/ MTMS/AES/ OTS WES/ ML/ BES/ BB	

I certify that I have verified the parent/guardian information contained on this form.

(Guidance Official Please Initial) _____

For Official Use Only Password _____ Date Account Activated _____ NOC Personnel Initial _____
