

PASS Application Form

(Parental Access Support System)

Sodus Central School District

www.soduscSD.org

PARENT/GUARDIAN (*please print*) _____

Home Address: _____

Home Phone: _____ Work Phone: _____

Email Address: _____

I hereby give Sodus CSD permission to place information regarding the following students in the PASS (*PARENTAL ACCESS SUPPORT SYSTEM*) program. A student ID number and PIN will be assigned by the School District after this form is returned.

Student Name: _____
(please print)

ID # _____ PIN # _____
(provided by Sodus CSD)

Student Name: _____
(please print)

ID # _____ PIN # _____
(provided by Sodus CSD)

Student Name: _____
(please print)

ID # _____ PIN # _____
(provided by Sodus CSD)

Student Name: _____
(please print)

ID # _____ PIN # _____
(provided by Sodus CSD)

Parent or Guardian's Signature: _____

Date: _____

To ensure privacy of data, applications must be handed in to your student's school building main office with a form of identification, driver's license preferred. A copy of this application will be mailed to the Parent/Guardian listing each student's ID # and PIN #.