

Please enter accurate information in the following fields. This information will be compared against student records as a qualification for approval. Items with a \* are required. **Please do not use nicknames, but rather your full legal name.**

Use the information that you provided when registering your student at the school as this is needed in order to verify and approve the account.

Your registration will then be reviewed at the building level to ensure that you are on the student's records.

Please allow 3-5 days for us to process your account.

If there is a discrepancy in the information, you will be contacted and asked to update your application or to see the school registrar.

|                   |  |                   |  |      |                          |
|-------------------|--|-------------------|--|------|--------------------------|
| Username:         | <input type="text" value="testst"/>    | Your First Name*: | <input type="text" value="FirstName"/>           | M.I. | <input type="checkbox"/> |
| Password:         | <input type="password" value="....."/> | Your Last Name*:  | <input type="text" value="LastName"/>            |      |                          |
| Confirm Password: | <input type="password" value="....."/> | Your Address*:    | <input type="text" value="Unit Name"/>           |      |                          |
|                   |  |                   | <input type="text" value="CMR *** Box *****"/>   |      |                          |
|                   |  | City*:            | <input type="text" value="APO AE"/>              |      |                          |
|                   |  | State*:           | <input type="text" value="Armed forces Europe"/> |      |                          |
|                   |  | Zip*:             | <input type="text" value="09139"/>               |      |                          |
|                   |  | Primary Phone:    | <input type="text" value="09513007616"/>         |      |                          |
|                   |  | Alternate Phone:  | <input type="text" value="09513007916"/>         |      |                          |

Email Addresses

Please click the button below to add an email address to this account.

Must add email address to application to get approval.

Application for Access to New Students

Please add the information below for each new student you wish to apply for. All fields are required, and please enter the information accurately. This information will be compared against student records as a qualification for approval.

Please do not use nicknames, but rather the student's full legal name.

|  |  |
|--|--|
| Student First Name:                            | <input type="text" value="FirstName"/>                 |
| Student Last Name:                             | <input type="text" value="LastName"/>                  |
| Campus:  | <input type="text" value="Bamberg Elementary School"/> |
| Date of Birth:                                 | <input type="text" value="MM/DD/YYYY"/>                |
| SMS Sponsor email address:                     | <input type="text" value=""/>                          |
| <input type="button" value="Submit   Cancel"/> |  |

Must match address on application and address on school file.