go2.gwinnett.k12.ga.us

An online resource for parents

GWINNETT COUNTY PUBLIC SCHOOLS

Gwinnett County Public Schools is pleased to offer the ***go2.gwinnett*** Parent Portal, a tool designed to enhance the communication and involvement of parents in their child's education. The Parent Portal will allow online, timely, and secure access to monitor your child's academic progress and current attendance. Please complete this form in order to access your child's data.

Information to be Completed by Birth Parent or Legal Guardian Only (Please Print Clearly)

Date: ______________ School: ______________________________

PARENT NAME: ______________________________
Last *First* *M.I.*

Address: ______________________________
Street Address *Apartment/Unit #*

____
City *State* *ZIP Code*

Home Phone: **( )** ______________ *Alternate Phone:* **( )** ______________

☐ Check here to receive information from the school system at this e-mail address and through the Parent Portal. Please submit the same email address for all children attending Gwinnett County Public Schools.

E-mail Address : ______________________________

Please print clearly in the blocks. Email addresses are restricted to 35 characters.

I agree that I will not share my password or allow anyone other than myself to use the account, including my own child(ren). I agree to protect any information printed or transferred to my computer, or destroy the documentation generated from this site. I understand this information may be used for district communication.

Signed: ______________________________ Date: ______________

Student Information

STUDENT NAME(S) (first, middle initial, last)	Grade	Student Date of Birth	Student ID (if known)	Homeroom

Enter information only for the child(ren) who are attending the <u>same</u> school as entered above.

It is necessary to complete a separate form for each school where children are registered.

Official Use Only

Date Received: ______________ Application Approved by: (initials) [ ]

Application Denied by: ______________ Reason for Denial: ______________

SASI Data Entered: [ ] Initials [ ] Date

Please file form in Student Permanent Record