Account Registration Form
This form may also be submitted online at http://powerschool.cps-k12.org

Parent Information

Parent First Name: ____________________________________________________________

Parent Last Name: __________________________________________________________

Mailing Address: ____________________________________________________________

City: ______________________________________________________________________

State: __________ Zip Code: ________________

Home Phone: __________________________________________________________________

Work Phone (optional): __________________________________________________________________

Email Address (optional): __________________________________________________________________

Student Information

Please enter information for each of the students you would like to register.
Please list each student you wish to register as follows: Student Name, Student School, Grade

Victoria Bright, Aiken High School, 9
Daniel Bright, Aiken High School, 12

<table>
<thead>
<tr>
<th>Student’s Name</th>
<th>Student’s School</th>
<th>Grade</th>
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<tbody>
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Questions?

• Call the Help Desk  513-363-0390
  7 a.m.-5 p.m. Monday- Friday, on days when school is in session
• Email the Help Desk at:  itmhelp@cps-k12.org