Buffalo Community Middle School
Activities Office
Parent Portal Access Request Form

Student Information

First Name: _____

Middle Name: _____

Last Name: _____

Date of Birth (MM/DD/YYYY): _____

Gender: ☐ Male ☐ Female ☐ Other ☐ Prefer not to say

Grade: _____

Parent/Guardian Information

Parent/Guardian 1

First Name: _____

Last Name: _____

Home Address: _____

_____

Phone Number(s): _____

Email Address: _____

Parent/Guardian 2

First Name: _____

Last Name: _____

Home Address: _____

_____

Phone Number(s): _____

Email Address: _____

Certification

☐ I certify that my student attends St. Francis Xavier Catholic School.

I hereby request access to the BCMS Parent Portal to register my child for activities.

Parent/Guardian Signature: _____

Date: _____

Completed forms can be emailed to:
kjaszewski@bhmschools.org