



Schoharie Elementary School

PO Box 430, 136 Academy Drive, Schoharie, New York 12157

(518) 295-6651

FAX: (518) 295-9506

APPLICATION FORM FOR OUR SCHOOL TOOL PARENT PORTAL

Schoharie Central School District

Parent Contact Information

Name: _____

Home Address: _____

Home Phone: _____

Email Address: _____

(This email address is required to obtain an account. It is and/or will be your primary email address with the district.)

I hereby give Schoharie Central School permission to place information regarding the following student(s) in the SchoolTool Parent Portal System:

Student Name	Grade

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____

Date: _____

Please return this application form to the Elementary Main Office.