

Owego Apalachin School District

eSchool Plus

Home Access Center Registration Request

Parent/Guardian Name: _____

Student Name 1: _____ Grade: _____

Birth Date 1: _____

Student Name 2: _____ Grade: _____

Birth Date 2: _____

User ID: _____

(First initial, then last name up to a total of 8 letters)

Password: _____

(MUST be a minimum of 8 characters – case sensitive)

E-Mail address: _____

(Optional)

Parent/Guardian Signature: _____

Please return completed forms to:

Guidance Office