

# *ParentConnectxp Registration Form*

## *Parent Information*



**PLEASE PRINT**

<b>Today's Date:</b>
<b>Parent's First Name:</b>
<b>Parent's Last Name:</b>
<b>User Name:</b> (ONE THAT YOU CREATE; no spaces or special characters permitted)
<b>Password:</b> (minimum 4 characters/maximum 8 characters)
<b>Mailing Address:</b>
<b>Parish:</b>
<b>Postal Code:</b>
<b>Home Phone:</b>
<b>Work Phone:</b>
<b>Email Address:</b>

**Parent Signature:** \_\_\_\_\_  
*(parent signature required to activate account)*

## *Student Information*

!!! Please enter information for each of the students you would like to register !!! Student Name	School Name	Year Level	Student ID # (if known)
<i>Example: John Smith</i>	<i>CedarBridge Academy</i>	<i>S1</i>	<i>12345</i>

Please return completed Registration Form to School Administrative Assistant or email to [help@moed.bm](mailto:help@moed.bm). Upon receipt, you will receive an e-mail confirmation with your **User ID** and **Password**.