

Valley View ISD Parent Portal -Access Registration Form

Please fully complete the form in print and deliver to the **PEIMS** Office located at **Central Office** or mail it to:

PEIMS Director
Valley View ISD
9701 S. Jackson Rd.
Pharr, TX 78577 (956) 843-3006

_____, _____, _____
Last Name (Mother or Guardian) First Name Middle Initial

_____, _____, _____
Last Name (Father or Guardian) First Name Middle Initial

_____, _____, _____
Mailing Address City Zip

_____, _____, _____
e-mail address (one per family) Home Phone # Work Phone #

Name of students enrolled in Valley View ISD:

Name: (Last, First, Middle)	Social Security Number	Campus	Grade	Teacher

By signing below, I/we am/are requesting that an account be established to allow parental access to the Parent Portal -Valley View ISD via Internet. It is understood that the password provided to me/us must be kept strictly confidential. Any abuse of the access provided by Valley View ISD will result in deactivation of the account. I/we affirm that I/we am/are the parents and/or Legal Guardians of the child/children listed above.

Signature of Parent or Guardian

Date