FAMILY ACCESS SIGN UP SHEET

HUDSON INDEPENDENT SCHOOL DISTRICT

Mother's Name: ____________________________
Home Address: ______________________________
E-Mail: ______________________________________
Requested Password: __________________________

Father's Name: ______________________________
Home Address: _______________________________
E-Mail: ______________________________________
Requested Password: __________________________

Guardian's Name: ____________________________
Home Address: _______________________________
E-Mail: ______________________________________
Requested Password: __________________________

<table>
<thead>
<tr>
<th>Students Attending HUDSON ISD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: ________________________ Grade: ___ Campus:________</td>
</tr>
<tr>
<td>Name: ________________________ Grade: ___ Campus:________</td>
</tr>
<tr>
<td>Name: ________________________ Grade: ___ Campus:________</td>
</tr>
<tr>
<td>Name: ________________________ Grade: ___ Campus:________</td>
</tr>
</tbody>
</table>

Parent/Guardian's Signature: ___________________ Date:_____