



eSchool Plus Parent Access Center Form

Student(s) Name(s): _____

Grade (s) _____

Do you have a student in Home Access already? YES OR NO

If yes student name (s) _____

Parent Name: _____

Email Address: _____

User ID (minimum 5 characters) _____

Password (minimum of 8 characters): _____

Signature: _____

**** PLEASE MAKE NOTE SYSTEM ONLY ACCEPTS ONE USER NAME AND
PASSWORD PER HOUSEHOLD**

Please return completed form to:

Peter Somich
Director of Technology & Information Services
Norwich City School District
19 Eaton Avenue
Norwich, NY 13815
hac@norwich.stier.org

