How to Register for an iParent Account

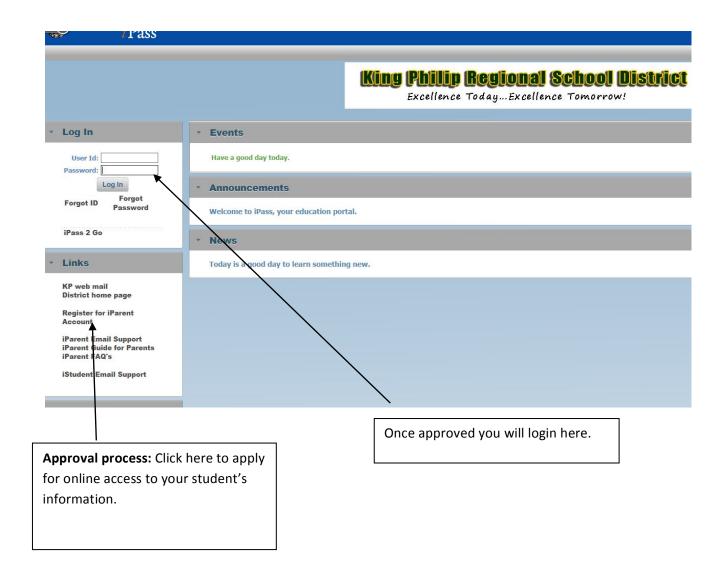
Step 1:

To access iPass go to the King Philip Website at www.kingphilip.org and click the iPass tab at top of page:



Step 2:

Click "Register for an iParent Account":



Step 3:

Complete all fields with an asterisk are required. Please note that your child's student ID is located on his/her report card.

Once the online applications is completed and submitted, you will receive an email with your username and password.

| for On-line Access | iPass ? Improving K-12 Education Through Software |
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| Appli | ration for On-line Access to Your Child's Records |
| This application is for parents ONLY. If you are here in error forbidden and considered unled Please fill out and submit the real fields indicated with an aster You must enter your own usern please contact the main office. and responsibility. Please understand that the at | and/or legal guardians of students enrolled in the King Philip Regional School System please cancel (back button). Any and all other attempts to gain access to this system is awful. gistration form below: sk are required. ame and password. The school does not maintain this information, so if you forget either or both his is done to maintain a high level of security. Your username and password is your property plication process does not instantly provide you with on-line access. You will receive an |
| e-mail from the school regarding parent/guardian visit the school | the status of your application. The school may require additional information and/or that a |
| If you already have an account Login Page. IF you continue to your name and your child's stud | and cannot gain access please use the ID/Password Request/Change link on the iPass have issues please email iparent@kingphilip.org with the nature of the issue, and include ent ID. |
| Your comments, questions, and | concerns are welcome iparent@kingphilip.org |
| PERSONAL INFORMAT | TON |
| Title: | Mr. ✓ Gender: Female ✓ |
| * First Name: | |
| Middle Name: | |
| * Last Name: | |
| * Email: | |
| * Workplace: | |
| | * indicates a required field. |
| PRIMARY STUDENT I | IFORMATION |
| * Student I | b: |
| * First Nam | |
| Middle Nam | |
| * Last Nam | e: |
| * po | * City of birth: |
| | e.g. mm/dd/yyyy |
| | Student lives with me. t: Please select relationship |
| Relationship to Studen | It. Friedde deiett feldtiofidiilih |
| ADDRESS INFORMATI | ON |
| Type: H | ome 🗸 |
| Street No: | |
| Street Name: | Apt |