



**West Essex Regional School District
Guidance Department**

Genesis Parent Portal Registration Form

***Parents/Guardians not residing in the same household must
fill out separate forms to obtain a Parent Genesis Account.**

I.

Parent/Guardian Name: _____

Street Address: _____

City & Zip Code: _____

Primary Phone Number: _____

Email Address: _____

II.

Student's Full Name	Grade

III.

<p align="center">Parent/Guardian Username Information Your Username will be the Email Address you wish to use as your Genesis Login. Please be sure to print your email address clearly</p>
Username/Email Address (print clearly):
Parent Guardian Signature:
Date: