

George West ISD

Parent Portal Preference Notification

I, _____, parent of _____ at
Parent Name **Student Name**

_____ give authorization for George West ISD to take the following action in order
Name of Campus

to provide me with access to the TxConnect Parent Portal.

_____ Please send Parent Portal ID Letter home with my child, _____.
Student Name

_____ Please mail Parent Portal ID Letter to the following address.

Address:

Sincerely,

Parent Signature

Date