



**Request for Parent Internet Viewer Password
(New Student)**

Lawton Chiles Middle Academy

Sharon Neuman, Principal/Teresa Urban, Network Manager

(Please print clearly.)

Student Name: _____ **Student ID:** _____
Student's Full Name Student's 6-digit County ID number

Grade _____ **Date** _____

Parent(s) Name _____

Parent E-mail address: _____ @ _____

Parent E-mail address: _____ @ _____

The PIN Codes will be emailed to above email addresses. Login in at “Student Grades”, www.lcmaknightsonline.com . You will have the option of signing-up for automatic email notifications when grades fall below your requested percentage.

Notary section:

Parent/Guardian Signature Date

STATE OF FLORIDA, COUNTY OF _____

I hereby certify that the foregoing was executed before me on this _____ day of _____

Notary Public, State of Florida My commission expires _____