

FRANKLIN TOWNSHIP BOARD OF EDUCATION

GENESIS PARENT ACCOUNT

**REVISION FORM**

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Parent Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Last Name of Student on Account: \_\_\_\_\_

Date: \_\_\_\_\_

Current Genesis log in: \_\_\_\_\_

**Changes Requested to account:** \_\_\_\_\_

**Add a child's name to account:**

Name \_\_\_\_\_ School child attends: \_\_\_\_\_

**Email address:**

OLD: \_\_\_\_\_

New Email Address: \_\_\_\_\_

**Phone Number:**

OLD # \_\_\_\_\_

NEW PHONE NUMBER: \_\_\_\_\_

Additional Phone Number: \_\_\_\_\_

**MAILING ADDRESS:**

OLD: \_\_\_\_\_

NEW ADDRESS: \_\_\_\_\_

***Please submit this form to the school your child attends for information to be updated.***