

*Roselle Public Schools*

*Student Information*

*1305 St Georges Avenue*

*Roselle, New Jersey 07203*

*Telephone: 908-298-2040 ext: 2045 Fax: 908-298-1035*

*Email: [efanfan@roselleschools.org](mailto:efanfan@roselleschools.org)*

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To: Parents & Guardians

The Roselle Public School district stores all student information such as name, address, grades and attendance on a student information database known as **Genesis**. One of the features of Genesis is parental access to view each child's information stored on the district student database via the internet.

Through the parent module, parents will be able to have a "view only" access to a child's attendance, discipline, grading (report cards) and gradebook.

To provide this service, parent registration is required. Please complete the attached form and return it to your school's principal or main office secretary. Upon the completion of parent rights verification, parent enrollment and implementation, you will receive a packet via email, and/or mail that will instruct you on how to access your child's information online. Please be advised that only one account will be created per household for both parents/guardian. Additional registration forms can be obtained by visiting [www.roselleschools.org](http://www.roselleschools.org) and click **Resources** then, **Parents** tab.

For more information, please call 908-298-2030 or 908-298- 2040 ext 2045 or email [efanfan@roselleschools.org](mailto:efanfan@roselleschools.org)

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Genesis Parent Access Registration Form

<i>*Parent/Guardian Name</i>
<i>*Role (ex: Parent /Guardian etc.)</i>
<i>*Primary Address</i>
<i>*Telephone Number</i>
<i>Cell Phone Number</i>
<i>*Email (only one email address per account)</i>
<i>Child' s Name &amp; School</i>
<i>Child' s Name &amp; School</i>
<i>Child' s Name &amp; School</i>
<i>Child' s Name &amp; School</i>

I certify that the above information is accurate to the best of my knowledge and that I have full custodial rights to access my child's information.

**PLEASE NOTE THAT A COPY OF YOUR PHOTO IDENTIFICATION IS REQUIRED FOR PROCESSING OF ALL FORMS.**

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