

# *Monroe Township Schools*

## **Brookside School**

370 Buckelew Avenue  
Monroe Township, New Jersey 08831  
732-521-1101 Fax: 732-521-6022

**Dr. Dori L. Alvich**  
**Principal**

**Antonio Pepe**  
**Assistant Principal**

September 9, 2013

Monroe Township School District has now enabled parents &/or guardians of grades 4 & 5 students to obtain access to your child(ren)'s school record for the current school year by using Genesis "Parent Access". The school district allows access to the following information:

- Form letters sent from the school
- Your child or children's progress reports and report cards
- Your child or children's daily attendance record

If you would like to establish the "Parent Access" account, please complete the form found on the opposite page of this letter and return to the school.

If you have already requested an account and are having trouble, please contact Karen Rucando via email at [Karen.Rucando@monroe.k12.nj.us](mailto:Karen.Rucando@monroe.k12.nj.us) or you may dial (732) 521-2882 ext. 6050.

Sincerely,



Dr. Dori L. Alvich

**MONROE TOWNSHIP BOARD OF EDUCATION  
MONROE TOWNSHIP HIGH SCHOOL  
200 Schoolhouse Road  
Monroe Township, NJ 08831**

**TO:** Monroe Township Network Operations Center

**RE:** Request for Genesis Parent Access Account

**Date of Request** \_\_\_\_\_

I am requesting access to the district's Genesis – Parent Access Webserver. I accept sole responsibility for securing my user account and password.

**Parent Information:**

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Work Phone Number (optional): \_\_\_\_\_

Email Address (This will be your username): \_\_\_\_\_

I certify that the information that I have provided is factual.

(Parent's Signature) \_\_\_\_\_

**Student Information**

Please enter information for each of the students you would like to register.

Student Name	School Name	Grade Level
	MTHS/MTMS/BES/AES/WES	
	MTHS/MTMS/BES/AES/WES	
	MTHS/MTMS/BES/AES/WES	

I certify that I have verified the parent/guardian information contained on this form.

(Guidance Official Please Initial) \_\_\_\_\_

For Official Use Only

Password \_\_\_\_\_

Date Account Activated \_\_\_\_\_ NOC Personnel Initial \_\_\_\_\_