

Naviance® Parent Account Registration Form

Please PRINT in blue or black ink and return the completed form to S. Nii, College & Career Counselor in H101.

After submitting this form, you will receive an email with your access code. Please contact suzanne_nii@notes.k12.hi.us if you have any questions or need assistance. Thank you.

Student Name: (last, first)																											
1 st Generation to attend college:	–	Yes	S				N	lo			C	Cla	SS	of	:												
Parent Name:																											
Street Address:																											
City, State:																											
Zip Code:																											
Work Phone:	()																								
Home Phone:	()																								
Mobile Phone:	()																								
Occupation:																											
Email:																											
College Alma Mater:	•		•	•	•			•	•		•	•			•	•		•		_					•		•
Custodial Parent:		Y	es				J	No	0																		
Communications:		Y	es,	I wo	oul	d lik	e t	to r	ece	ive	in	for	ma	tio	n a	nd	uj	oda	ite	s fı	on	ı tl	ie s	sch	100	l.	
		N	o, t	han	k y	ou.																					
Has financial responsibility for child:		Y	'es				J	No	0			ĺ	_		n/	a											
Parent Signature:																				J	Dat	te:					