



MILFORD

CENTRAL SCHOOL

Home of the Wildcats

Milford Central School
eSchool PLUS
Home Access Center Registration Request

Parent/Guardian Name: _____

Student Name 1: _____ Date of Birth: _____

Student Name 2: _____ Date of Birth: _____

Student Name 3: _____ Date of Birth: _____

Student Name 4: _____ Date of Birth: _____

User ID: _____ Password: _____

First initial, then last name up to total of 8 letters

Must be a minimum of 8 letters (lower case)

E-mail address: _____

(optional)

Parent/Guardian Signature: _____ Date: _____

Please return completed form to:
Milford Central School
Att: Brenda Lang
42 W. Main St.
Milford, NY 13807

Administrative Use ONLY

Date Rec'd _____ Approved by: _____ Processed by: _____ Date Processed: _____