



Request to Use PowerSchool Enrollment System

Please complete and submit the following information to request use of the PowerSchool Enrollment System. Forms must be submitted by October 1st for consideration to use PowerSchool Enrollment to register students for the upcoming school year.

District LEA

District Name

Requester Contact Name

Requester Contact Email

Enrollment Administrator Name (May be same as Requester)

Enrollment Administrator Email

Additional Enrollment Administrator Name (Optional)

Enrollment Administrator Email

Please check registration option(s) the district intends to use below:

New Student Registration

Returning Student Registration

Allows registration for students that are new to the district.

Allows registration for active students already enrolled in the district to update their information.

Superintendent Signature

DESE Office Use Only

Approved students to register through PowerSchool Enrollment in School Year _____.

Approver Signature

Date

Location

Phone

Fax

101 E. Capitol, Suite 101
Little Rock, AR 72201

501.682.4887

501.682.5035