

**VAN ALSTYNE  
INDEPENDENT SCHOOL DISTRICT**

*Dr. Alan Seay, Superintendent  
Dr. Pam Parmley, Assistant Superintendent*

P.O. Box 518  
Van Alstyne, TX 75495

Phone: (903) 482-8802  
Fax: (903) 482-6086

Thank you for your interest in obtaining a username and password for K12 planet for your student at Van Alstyne ISD. Because of federal law, we must be very careful with our student's information and to protect your child, we must ask you to provide the following information, have it notarized, and return it by mail to the following address:

Van Alstyne Independent School District  
P.O. Box 518  
Van Alstyne, TX 75495

\_\_\_\_\_  
Student's Name (Please print)      Grade

\_\_\_\_\_  
Student's Name (Please print)      Grade

\_\_\_\_\_  
Student's Name (Please print)      Grade

\_\_\_\_\_  
Parent's Name (Please print)

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Before me \_\_\_\_\_, Notary Public State of \_\_\_\_\_, on this day personally appeared \_\_\_\_\_, known to me (or proved to me) on the oath of \_\_\_\_\_ or through

\_\_\_\_\_ to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he executed the same for the purposes and consideration therein expressed.

Given under my hand and seal of office this \_\_\_\_\_ day of \_\_\_\_\_, A.D., \_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Signature of Signer