



Spring Lake Public Schools Parent Link Registration Form

Parent Name:					
Student's Name:	1.	Building			
	2.	Building			
	3.	Building			
	4.	Building			
Address:					
City:		State:	MI	Zip:	
Phone Number:					
E-Mail:					

Send completed forms one of the following ways:

(Note: You only need to complete this form once; login & password will carry over each year)

- E-mail form as an attachment to:** lboeve@springlakeschools.org
- Fax form to:**
Attn: Liz Boeve
(616) 847-5864
- Mail form to:**
Spring Lake Schools Food Service
Attn: Liz Boeve
16140 148th Avenue
Spring Lake, MI 49456

You will receive written confirmation of your account and password.

*If you have questions regarding the Food Service Program please contact
Liz Boeve at (616) 847-7917*