

Watertown City School District
 1351 Washington Street, P.O. Box 586, Watertown NY 13601
 Phone: (315) 785-3700 Fax: (315) 785-6855



Request for Permission To Access schooltool Student Parent Portal Dashboard

My name is (please print): _____

I am a parent, guardian, or person in parental relation, of a student in the
Watertown City School District namely:

If more than one student, check here ____ and list all.

Student First Name	Student Last Name	Address Where Student Resides	Student Date Of Birth

I request that the District provide me with a login/password that will allow me to access information about my student’s school performance, which could include classes, teacher names, attendance, grades, discipline, and other information housed in the District’s Student Management Database. I understand that this information is stored in a database called **schooltool** which is maintained by the District with support from the Mohawk Regional Information Center of the Madison-Oneida BOCES. In return for the District providing me with a login/password, I agree to the following Terms of Network Access:

Please **initial** each item to acknowledge it, and sign at the end.

_____ I will maintain a valid e-mail address that the District may use to send me the pertinent information concerning my Student Parent Portal Dashboard Account. My present e-mail address for this purpose is:

_____ I will only attempt to view information about the student(s) listed above. I will not attempt to “hack,” manipulate, or otherwise try to evade the security measures to access information regarding any other person.

_____ I will not intentionally transfer to the **schooltool** system any virus, Trojan horse, or other malicious computer code.

_____ I understand that the District's use of the school**tool** software is supported by technical assistance from the Mohawk Regional Information Center, Mindex Technologies Inc., and possibly other consultants, and employees of these entities. They are instructed to keep confidential any personally-identifiable information, including educational records, they may see in the performance of their duties. I consent to the disclosure of information about me or the student(s) listed above under these circumstances.

_____ I understand that all information stored in the school**tool** database remains the property of the District, and may be accessed, examined, or modified by the District or its vendors at any time.

_____ I understand that the school**tool** database may record and retain information about when and how I use school**tool** through the Student Parent Portal Dashboard, and that this information is the property of the District and subject to review by the District.

_____ I agree that I will not disclose my login password to any other person, not even other people in my family or household. I accept responsibility for all actions that are performed by anyone gaining access to the school**tool** database using the login password assigned to me.

_____ I understand that the District retains the discretion to block my access to school**tool** whenever it has reasonable suspicion to believe that I have violated one of the foregoing Terms of accessing school**tool** and other Network resources.

Parent/Guardian/Person in Parental Relation

(Print Full Name) _____ Date: _____

(Sign Full Name) _____

For District Use Only:

Received By: _____ *Date:* _____

Processed By: _____ *Date:* _____