



\_\_\_\_\_ 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.

\_\_\_\_\_ If granted the ability (at a future time) to enter data into my child’s record, I will only enter accurate information.

\_\_\_\_\_ I understand that the District’s use of the schooltool 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 schooltool 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 schooltool database may record and retain information about when and how I use schooltool through the Parent Portal, 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 schooltool database using the login password assigned to me.

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

**Parent(s)/Guardian(s)/Person(s) in Parental Relation**

(Print Full Name) \_\_\_\_\_  
(Sign Full Name) \_\_\_\_\_ Date \_\_\_\_\_

*Optional second same-household parent*

(Print Full Name) \_\_\_\_\_  
(Sign Full Name) \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE RETURN THIS FORM TO THE MAIN OFFICE**