

Union-Endicott Central School District

Parent Portal Application Form

Union-Endicott Central Schools are utilizing the Parent Portal as a means to promote educational excellence and to enhance communication with parents. The Parent Portal allows authorized parents to view their own child's school records anywhere, any time. In response for the privilege of accessing the Union Endicott Parent Portal, parents are expected to act in a responsible, ethical and legal manner. The Parent Portal is available to every authorized parent or guardian of a student enrolled in graders K-12.

Parents/guardians are required to adhere to the following guidelines:

1. Parents/guardians will not share their passwords with anyone.
2. Parents/guardians will not attempt to harm or destroy data of their own children, of another user, or the district network.
3. Parents/guardians who identify a security problem with the Parent Portal must notify the District IT Office immediately; without demonstrating the problem to anyone else.
4. Access to the Parent Portal is *a privilege and not a right*. Improper use, or abuse, by a parent/guardian will result in termination of this privilege.
5. The Family Educational Rights and Privacy Act regarding the use and disclosure of student records shall govern at all times.

Only by agreeing to abide by the above conditions, signing, and returning the agreement will you receive access to the Parent Portal for your child.

Name(s) and grade(s) of your children:

Name: _____ Grade: _____ Name: _____ Grade: _____

Name: _____ Grade: _____ Name: _____ Grade: _____

Name: _____ Grade: _____ Name: _____ Grade: _____

I have read the Parent Portal Acceptable Use Policy (and the User Guidelines above), and I agree to abide by and support these rules. I understand that if I violate any terms of this Acceptable Use Policy that I may lose my privilege to the use the Parent Portal.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Print Name: _____ Date: _____

Email address (required for log in): _____

Phone number (required): _____

DISTRICT COPY – Sign and return this page in its entirety.

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PARENT COPY – Keep this page for your records.