



Utica City School District

School Tool Parent Portal Access Request Form

Directions: Please fill out both pages, sign and return to your child’s school: (Please print)

ALL CHANGES MUST BE MADE AT YOUR CHILD’S SCHOOL

Verification changes;

Guardianship; address; email; phone number; name changes (for both children and parents)

After this form if verified, you will receive an email verification with directions on how to setup your account. Please make sure all information is accurate and all sections are filled out so your request can be processed. Thank you.

Parent or Guardian Name: _____

Address: _____

Home Phone: _____

Email Address: _____

I am a parent, guardian, or person in parental relation, of the student(s) in the Utica City School District listed below. (Note: If more than seven students please use a second form)

Student First Name	Student Last Name	Address Where Student Resides	Student’s School	Date Of Birth Month/Day/Year	Principal’s Signature

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 School Tool 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.

_____ I will maintain a valid e-mail address that the District may use to send me the login password and other pertinent information concerning School Tool or my child. My present e-mail address for this purpose is listed on the 1st page of this form.

_____ I will only attempt to view information about the student(s) listed on the first page of this form. 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 School Tool system any virus, Trojan horse, or other malicious computer code.

_____ If granted the ability to enter data into my child's record, I will only enter accurate information.

_____ I understand that the District's use of the School Tool network is supported by technical assistance from the Mohawk Regional Information Center, Mindex Inc., and possibly other consultants and those employees of these entities 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 network may record and retain information about when and how I use School Tool 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 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) _____