



# KAUFMAN I.S.D.

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1000 S. Houston St., TX 75142

972-932-5668

Parent/Guardian Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

Parent Waiver form for Online  
Access to Attendance & Grades

Please review all information, sign and return it to the above address. Faxes will not be accepted.

### WAIVER OF CLAIMS AGAINST KISD

I understand and agree to the following:

- I understand that the verification process may cause a delay in the receipt of my family access
- My student's attendance and grades will be available on an encrypted internet
- KISD is not responsible for internet access to my student's attendance and grade reports by person who do not have my authorization or consent
- In order to maintain confidentiality, I must not reveal my username and password to anyone other than another parent or legal guardian
- KISD has the authority to revoke my access should circumstances arise warranting it
- By signing below, I certify that I am the student's parent or legal guardian, which the student is a minor or dependent for tax purposes, and I waive any claims or causes of action I may have against KISD by reason of any unauthorized access

### PARENT/LEGAL GUARDIAN SIGNATURE

My signature on this form indicates that I agree to the information printed on this form.

Signature of Parent/Legal Guardian: \_\_\_\_\_

Relationship to the student(s): *(circle one)* Mother, Father, Step Mother, Step Father, Foster Mother, Foster Father,  
Grandmother, Grandfather, Aunt, Uncle, other \_\_\_\_\_

Parent/Legal Guardian must have a valid email on file: \_\_\_\_\_

Date: \_\_\_\_\_ Phone number: \_\_\_\_\_

KAUFMAN ISD does not discriminate on the basis of gender, age, race, nationality, religion, disability, socioeconomic standing or non-proficiency in English language skills in providing educational services for students' benefits.

Write in the name and campus of your student(s) below. Once you have signed and return this waiver and the information has been verified, an email will be sent to the email on file with directions and a link to Family Access.

Student Name: \_\_\_\_\_ Campus: \_\_\_\_\_  
Student Name: \_\_\_\_\_ Campus: \_\_\_\_\_  
Student Name: \_\_\_\_\_ Campus: \_\_\_\_\_  
Student Name: \_\_\_\_\_ Campus: \_\_\_\_\_  
Student Name: \_\_\_\_\_ Campus: \_\_\_\_\_

**OFFICE USE ONLY**

Verified by: \_\_\_\_\_ Verified Date: \_\_\_\_\_