

Oriskany Central School District

1313 Utica Street
Oriskany, NY 13424-0539

Request for Permission To Access SchoolTool Parent Portal

Fill this form out if your child is in grades 5-12 only.

My name is (please print): _____

I am a parent, guardian, or person in parental relation, of a student in the
Oriskany Jr/Sr High School:

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

I request the District provide me with a login/password that will allow me to access information about my child'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 this information is stored in a database, 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 the District may use to send me the pertinent information concerning my Parent Portal 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 the District's use of the SchoolTool software is supported by technical assistance from the Mohawk Regional Information Center, 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.

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_____ I understand 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 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 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 the District retains the discretion to block my access to School Tool whenever it has reasonable suspicion to believe I have violated one of the foregoing Terms of accessing SchoolTool 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:* _____

Please return this completed form to the Jr./Sr. High School Counseling Office