

# Wheatland-Chili Central Schools SchoolTool Parent Portal Registration Form

I request that the Wheatland-Chili Central School District provide me with a **login password** that will allow me to access the **SchoolTool** database through the **Parent Portal**, which stores information about my student's class schedule, grades, assignments, attendance record, discipline history, and contact information.

I am registering for the first time (Photo ID Required)       Change my Email information as indicated

**Name of Parent/Guardian Registrant (please print):**

**Parent #1:** \_\_\_\_\_ **Parent #2:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**I am a parent, guardian, or person in legal parental relation to the following student(s)  
currently enrolled in the Wheatland-Chili Central School District (please print):**

Student Information:	Last Name	First Name	Birth Date	Grade	Student ID # Needed for Email updates only
Student #1					
Student #2					
Student #3					
Student #4					

I will maintain a valid Email address that Wheatland-Chili School District will use to send me the login password and other messages about SchoolTool or my child. This Email address will be added to my registration records and kept on file for any and all correspondence conducted via Email. I understand that each parent in a household is entitled to register for a Parent Portal account.

**My present Email address for this purpose is:**

Parent #1: \_\_\_\_\_ @ \_\_\_\_\_

Parent #2: \_\_\_\_\_ @ \_\_\_\_\_

**In exchange for the District providing me with a Parent Portal login password, I agree to the following Terms of Network Access: (Each Parent Please initial)**

Parent #1    Parent #2    I will not share my login or password with anyone and accept responsibility for all actions that are performed by anyone gaining access to the SchoolTool network using the Parent Portal login password assigned to me.

**Signature of Parent/Guardian/Person in Legal Parental Relation to students listed above:**

Parent #1: \_\_\_\_\_ Date: \_\_\_\_\_

Parent #2: \_\_\_\_\_ Date: \_\_\_\_\_

**For identity verification when requesting electronic password resets and Email address changes, please answer the following security question for our records:**

**SECURITY QUESTION: What was your first job?**

Parent #1 Security Question Answer: \_\_\_\_\_

Parent #2 Security Question Answer: \_\_\_\_\_

**For Office Use Only:**

Received By: \_\_\_\_\_ Date: \_\_\_\_\_

**PHOTO ID Presented:**

Driver's License \_\_\_\_\_ Other/Adm. Approval: \_\_\_\_\_

**Please forward completed form to >Ybb]Zyf 5Xf]Ub, District Office**