

Central Community Unit School District No. 4

SKYWARD FAMILY ACCESS

Electronic Signature Agreement and Consent to Submit and Obtain Information Via the Internet

This Agreement and Consent is specific to the individual parent/guardian named below, and the assigned user ID and password may only be used by that individual. Any parent/guardian who wishes to have access to the account must complete a separate form and obtain a separate user ID and password.

Parent/Guardian's Name: _____

Parent/Guardian's Address: _____

Parent/Guardian's Phone #: _____ E-mail: _____

Table with 2 columns: Child's Name(s), School. Rows 1-7.

By signing below, I acknowledge and agree as follows:

I certify that I am the parent or legal guardian of the student(s) identified above.

I understand that I will be issued a user ID and password for the Skyward Family Access, and I hereby authorize the School District to issue the User ID and password to me. I agree to keep the user ID and password confidential. I agree that I will not share the user ID and password with anyone else, that I will maintain the security of the user ID and password, and that I will take appropriate steps to prevent disclosure of the user ID and password. If the user ID and/or password are disclosed, I agree to notify the School District of the disclosure immediately. I hereby release the School District from any and all claims relating to any inadvertent disclosure of student information resulting from my failure to maintain security of my user ID and password.

I agree to submit an electronic signature, when requested, in connection with any form or information that I submit online.

For any and all forms/information submitted with my electronic signature, I agree that I will be legally bound, obligated and responsible for the submission, as if I had submitted the information in hard copy form with my handwritten signature.

I understand and agree that I will have access to student record information via my Family Access account, and that the information may include attendance records, student schedules, food service records, discipline records, grades, homework, activities, events, contact and demographic information, health records, and/or account/fee information.

I understand and agree that correspondence regarding my Family Access account will be communicated to me via e-mail or other electronic means, and may be automatically generated or sent by authorized staff.

I understand and agree that inappropriate or unauthorized use of the Family Access system may result in civil or criminal penalties, and that access may be suspended for delinquent accounts.

Signature of Parent/Guardian: _____

Date: _____

Cover Letter Statement

The following is to be included in any correspondence in which this form is included:

The School District has implemented an on-line registration process via Skyward Family Access. In Addition, the School District makes student information available to parent/guardians via Skyward Family access. The purpose of this form is to obtain the information, agreements, and consents necessary to implement and maintain your Family Access account. Please note that you must complete this form even if you already have a Family Access account.