



## ParentCONNECTxp Parental Use and Responsibility Acknowledgement

To obtain your username and password, please read, sign, and date this acknowledgement.

I, \_\_\_\_\_,

parent or court appointed legal guardian of:

Student's Name

Student's School

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

acknowledge that I have requested and received authorization to use ParentCONNECTxp. I understand that I share the responsibility of keeping safe the data of my child(ren). My responsibilities include reporting any security concerns to the school district, guarding my password, changing my password on a regular basis, and promptly closing my browser to get out of my Parent CONNECTxp session when finished or before leaving my computer. I understand that the school district may, without prior notification, disable my account as part of the overall security procedure. I have also received the ParentCONNECTxp handbook.

Signed,

\_\_\_\_\_  
Print Name Here

\_\_\_\_\_  
Sign Name Here

Date: \_\_\_\_\_

\_\_\_\_\_  
E-Mail Address

*For Office Use Only*

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*Copy of Photo ID Attached & User Name & Password Provided*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Initials*