

**WHITESBORO MIDDLE SCHOOL CAMPUS  
WHITESBORO, NY 13492**

SUPERINTENDENT OF SCHOOLS  
DR. BRIAN K. BELLAIR

**ASSISTANT PRINCIPAL/GRADES 7-8**  
Michael Spost  
315-266-3118

**CAMPUS PRINCIPAL**  
John Egresits  
315-266-3110

**ASSISTANT PRINCIPAL/GRADE 6**  
Tammy Smith  
315-266-3176

---

**Whitesboro Central School District Parent Portal Access Request Form**

This form is used to request access to the Whitesboro Central School District Parent Portal. Only one form per family needs to be submitted. Each Parent/Guardian requesting access will need to sign that they agree to the **Parent Portal Terms of Access**. A unique User Login and Password is issued to each Parent/Guardian for access to the SchoolTool Parent Portal. Instructions for login will be sent to each user by email.

**Please note that the timeframe for grading assignments and getting them posted on-line can vary based on the nature of the assignment.**

Parent/Guardian Name	E-mail Address	Home Phone	Cell Phone

I am a parent, guardian or person in parental relation of the student(s) in the Whitesboro Central School District listed below. **Signature:** \_\_\_\_\_

Student First Name	Student Last Name	Address Where Student Resides	Date of Birth	Grade

I request that the District provide me with a **login password** that will allow me to access information about my child. I understand this information is stored in a database called 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 below:

- \_\_\_\_\_ I will maintain a valid e-mail address that the District may use to send me the login password and other pertinent information concerning SchoolTool or my child. My present email address for this purpose is listed on the 1<sup>st</sup> page of this form.
- \_\_\_\_\_ I will only attempt to view information about the student(s) listed on the first page of this form. 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 that the District's use of the SchoolTool network is supported by technical assistance from the Mohawk Regional Informational Center, Mindex Inc., and possibly other consultants and those employees of these entities are instructed to keep confidential any personally-identifiable information, including educational records, they 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.
- \_\_\_\_\_ I understand that 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 that the SchoolTool network 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 that 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 that the District retains the discretion to block my access to SchoolTool whenever it has reasonable suspicion to believe that 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) \_\_\_\_\_ Date \_\_\_\_\_

(Print Full Name) \_\_\_\_\_ Date \_\_\_\_\_

(Sign Full Name) \_\_\_\_\_ Date \_\_\_\_\_

-----  
For District Use Only:

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

Processed By: \_\_\_\_\_ Date \_\_\_\_\_