

**Fredericktown R-1 School District
Web Access Agreement for Viewing Student Information**

WEBSIS Parent / Guardian Form

I am requesting to review my child(ren)'s student information on the Fredericktown R-1 School District Internet web site. I have read the FPS WebSIS Parent / Guardian Guidelines and Expectations and agree to abide by and support these and all technology rules and regulations stated in reference. I understand, for the interest of security, the District reserves the right to change user passwords or deny access at anytime. By signing this agreement I, as a parent / guardian, release the Fredericktown R-1 School District from any and all liability for damages arising out of the unauthorized access to my parent / guardian account. I also agree to abide by the following guidelines:

- 1.) I agree that I will not share my password or allow anyone other than myself to use the account including my own child(ren). I agree to protect any information printed or transferred to my computer, or destroy the documentation generated from this site.
- 2.) I agree to all stated and implied computer policies of the Fredericktown R-1 School District.
- 3.) I understand that three unsuccessful logins will disable my account. If my account becomes locked I will contact the building office of my child(ren)'s school, and request the account be unlocked. I will answer any questions to verify my identity. In the sole discretion of the District, the account may be unlocked, but I understand that it may take up to 3 - 5 full days to have my account unlocked.

Parent / Guardian Information

Name _____

Address _____

City _____ State ____ Zip Code _____

County _____ Phone Number _____

Email _____

List the name(s) of your child(ren) currently enrolled in the Fredericktown R-1 School District and you have guardianship rights to. The information given on this form must match the enrollment information provided during registration.

Child's Last Name	Child's First Name	Child's Date of Birth	FPS School Attending	Legal Relationship to Child

By my signature below, I affirm that there are no legal restrictions that would preclude me from accessing said student's information. All above stated computer/media equipment regulations apply including but not limited to Board Policy, Network Acceptable Use Policy, Web Acceptable Use Policy and PC Policy Guidelines. This Policy is subject to change without notice.

Parent / Guardian Signature Date Printed Parent / Guardian Name

Please allow a minimum of 2 - 4 weeks for legal review and processing. Upon approval you will be provided instructions for the creation of an account, username, and password. The district will keep the completed signed form on file. The completed form should be mailed to: ATTN: Parent Portal Request, Fredericktown School District, 803 East Highway 72, Fredericktown, MO 63645

*Office Use Only: Verify proper identification then initial & date; send to the Technology Department.

*The Fredericktown R-1 School District does not discriminate on the basis of race, color, and national origin, sex, disability, or age in its programs and activities. Inquiries related to district programs may be directed to the Title IX Coordinator, 704 East Highway 72, Fredericktown, MO 63645. Telephone Number: 573-783-2570. Please send or return all completed forms to the same address.