

JERSEY COMMUNITY UNIT SCHOOL DISTRICT No. 100
Jersey & Greene Counties, Illinois

FAMILY ACCESS ACCOUNT REQUEST FORM

Please complete this form on-line, print it, sign/date it and return it to your school (or print it out and then print all information clearly). Only **one** application per parent/guardian is required. Your login and password will allow access to all Jersey CUSD No. 100 students in your family.

Parent or Legal Guardian Information: (One parent/guardian per form)

Parent/Guardian Last Name	Parent/Guardian First Name	
Parent/Guardian Home Address	City/State/Zip Code	
Home Phone	Cell Phone	Work Phone

List all students for which the applicant is the parent or legal guardian of:

Student's Last Name	Student's First Name	School	Grade	Date of Birth
Student's Last Name	Student's First Name	School	Grade	Date of Birth
Student's Last Name	Student's First Name	School	Grade	Date of Birth
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Please check one of the following:

- Please send my login & password to my email address:
Parent or Legal Guardian's E-Mail: _____
- Please mail my login and password to my home address.

By completing the application for this account, you allow the Jersey CUSD No. 100 to make your student's schedule, attendance record, discipline record, grade information, demographic information, health information, and other school information available to you by means of the Internet on a website that is secure and accessible by a login and password. You will be able to see your student's digital records with your unique login and password. Other guardians will be provided their own unique login and password to access the digital student information. Therefore, your login and password should not be shared with anyone. You may cancel this service at any time by contacting your schools administrator in writing.

You understand and agree that Jersey CUSD No. 100 is not responsible for unauthorized Internet access to your student's digital records by persons who do not have your consent. By signing the signature line below, you confirm that you understand and accept the guidelines and conditions for access to your student's digital records and you waive any claims or causes of action that you may have against Jersey CUSD No. 100 by reason of such unauthorized access.

Parent or Legal Guardian's Signature	Date
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FOR OFFICIAL USE ONLY	
Application Received: _____	Application Processed: _____
Family ID #: _____	Processing School: _____
Login Verified By: _____	Notification Sent: _____