



Parent Portal Account Request

Parent/Guardian

Full Name_____ Email_____

Full Name_____ Email_____

Full Name_____ Email_____

Students

I am a parent and/or legal guardian of the following student(s):

Full Name_____ Please Enter Grade_____

Full Name_____ Please Enter Grade_____

Full Name_____ Please Enter Grade_____

Full Name_____ Please Enter Grade_____

Full Name_____ Please Enter Grade_____

Acknowledgement

In submitting this request I understand that the District will provide me with a login password that will allow me to access information about my child's school performance, including classes, teacher names, attendance, grades and discipline. I understand that this information will be accessible using the Schooltool Parent Portal which is maintained by the District. In return for the District providing me with a login password:

☐ Check Here

I understand that the Schooltool Parent Portal may record and retain information about when and how I use Schooltool and that this information is the property of the District and subject to review by the District.

☐ Check Here

I accept responsibility for all actions that are performed by anyone gaining access to the Schooltool Parent Portal using the login password assigned to me.

☐ Check Here

I understand that the District makes no guarantee that the functions or the services provided via Schooltool will be error-free or without defect. The District retains the discretion to suspend access to Schooltool when there is reasonable suspicion to believe that the account has been compromised.

☐ Check Here

I certify that I am a parent or legal guardian of the students I have listed above.

Signature_____

Date_____

Return signed form to: **Elementary Main Office OR Middle/ High Main Office OR District Office**

E: bsmith@nacs1.org

E: rleclair@nacs1.org

Via Fax- 518-594-7255

All forms can also be sent in with students or mailed. Any questions regarding this form please contact the main office.