Jacksboro ISD

Family Access Application



Please Print Clearly

Parent or Legal Guardian Information – One Person Per Form

Last Name	First N	First Name		e-mail address	
Home Address	City/S	City/State		ZIP Code	
Home Phone #	Cell P	Cell Phone #		Work Phone #	
Student Informat	ion - List all students fo	r whom applicant is	the parent or	legal guardian	
Last Name	First Name	School	Grade	Last 4 of SSN	
Last Name	First Name	School	Grade	Last 4 of SSN	
Last Name	First Name	School	Grade	Last 4 of SSN	
Last Name	First Name	School	Grade	Last 4 of SSN	

Agreement

By completing the application for this account, you allow the Jacksboro Independent School District (JISD) to make your student's schedule, attendance record, discipline record, grade information, demographic information, health information, food service 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. Only you will be able to see your student's digital records with your unique login and password. Each guardian 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.

JISD will not make your username/password publicly available. The digital records for your student posted on the website can only be accessed by the guardians who currently have access to the student's written school records, and have applied for a valid username and password. You may cancel this service at any time by contacting the campus registrar.

Be aware, however, that disclosure by JISD, including the contents of the website, may occur in the event such information is required by a court subpoena order, a decision or directive from the Attorney General's office, or other reason required by law.

You understand and agree that JISD is not responsible of 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 JISD by reason of such unauthorized access.

Parent/Legal	Guardian	Applicant	t Signature