

Central Valley School District Parent Portal Login Request

Central Valley Academy
111 Frederick Street
Ilion, NY 13357
Phone: 315-895-7471
Fax: 315-895-5255

Gregory B. Jarvis Middle School
28 Grove Street
Mohawk, NY 13407
Phone: 315-866-2620
Fax: 315-867-2908

Barringer Road Elementary
326 Barringer Road
Ilion, NY 13357
Phone: 315-894-8420
Fax: 315-894-0153

Harry M. Fisher Elementary
10 Fisher Avenue
Mohawk, NY 13407
Phone: 315-866-4851
Fax: 315-866-0055

All students benefit from enhanced communication between parents and school. For students in grades kindergarten through twelve, Central Valley School District provides access to Parent Portal which allows you to access information about your child's school performance. This includes demographic information, classes/schedule, teacher names/email, attendance, assignment grades, progress reports, and report cards.

If interested, the district will provide you with a login/password that will allow you to access information. This information is stored in a SchoolTool database which is maintained by the district with support from the Mohawk Regional Information Center of the Madison-Oneida BOCES.

Please return this form as soon as possible to the school main office. Shortly thereafter, a password and directions will be emailed to you. Hopefully this technology will provide you with current data and information in order to assist with the success of your child. Questions can be directed to the Parent Portal Manager at parentportal@cvalleycsd.org.

If you have an existing account and no longer wish to maintain it, please notify the Parent Portal Manager by marking the appropriate area below or emailing parentportal@cvalleycsd.org. Include your name and the registered email address in the correspondence.

Complete the following information for access to the SchoolTool Parent Portal (Please print clearly).

One form needs to be submitted by each parent/guardian listing all students.

Parent/Guardian Name (Print full name): _____

Parent/Guardian Address: _____

Parent/Guardian email address _____
(For Parent Portal communication and login)

Check one: New user Existing User *See below

***Existing users:** *Your account will automatically remain active. If you have a different email address, your account will be deactivated and a login will be set up with your new email.*

Please check: Same email address New email address

I am an existing user and no longer wish to maintain a Parent Portal account. Please deactivate it.

Complete back of form

List all students in grades K-12 you would like access for:

I am a parent, guardian, or person in parental relation of the student(s) listed below.

Student Name	Your relationship to student	Address where student resides if not with you	Grade level	Building

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, sign at the end, and return to the school main office.

1. ____ I will maintain a valid e-mail address that the district may use to send me the pertinent information concerning my Parent Portal Account.
2. ____ I will only attempt to view information about the student(s) listed above. I will not attempt to "hack", manipulate, or otherwise try to evade the security measures to access information regarding any other person.
3. ____ I will not intentionally transfer to the SchoolTool system any virus, Trojan horse, or other malicious computer code.
4. ____ I agree that I will not disclose my login password to any other person, not even to 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.
5. ____ 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:

I certify that all of the above information is true and I have legal authority to access the records of the student(s) listed above.

Signature (please sign full name): _____ Date: _____

For district use only:

Processed by: _____

Date: _____