

Please forward to ITS/PDC

Barrow County Schools Parent Portal Acceptable Use Agreement

****PLEASE PRINT CLEARLY****

Barrow County Schools are now offering **Parent Portal** to enhance communication with parents and to further promote educational excellence. Parent Portal will allow parents to view their child’s school records anywhere, anytime. Having the privilege of accessing the Portal means every parent will be expected to act responsibly, ethically, and within the law. Parent Portal is available to every parent/guardian of a student enrolled in a Barrow County School. **Parents must adhere to the following guidelines:**

1. Parent will NOT share their password with anyone, including their children.
2. Parent will NOT harm or destroy the data of their children, another user, school or district network, or the internet.
3. Parents will NOT use Parent Portal for any illegal activity, including violation of Data privacy laws. Anyone found to violate these laws will be subject to prosecution.
4. Parents will NOT access data or any account owned by another parent. Parents who identify a security problem with the Portal must notify District or local school immediately without disclosing the problem to anyone else.
5. Parents who are viewed as a security risk to the Parent Portal, any Barrow County computer or network will be denied access to Parent Portal.

Student Name	Birthdate	School	Student Name	Birthdate	School
Student Name	Birthdate	School	Student Name	Birthdate	School

User guidelines and system requirements are on the website. Please review them before signing and returning this document. You will not receive your access key until this form has been signed and returned.

I have read the Parent Portal Acceptable Use Agreement and I agree to abide by and support these rules. I understand that if I violate any term of the agreement I will lose my privilege to use the Parent Portal and may be liable for civil and/or criminal consequences.

Parent/Guardian Signature	Parent/Guardian Printed Name	Date
E-mail address	Complete Street Address	

Please list a phone number where you can be reached M-F 8 a.m.-4:30 p.m.

Phone # _____ is this number your: Home Cell Work Other

*****Please return this form to your student’s school office or fax to (770) 868-0099
ATTN: Nancy Gaudino*****

**Please be prepared to answer questions from your personal information you provided to us. If you cannot correctly answer these questions you will have to appear in person with a photo ID. This is to protect the privacy of your student’s data. Please allow 2 weeks to process or longer during peak registration.
Please contact Nancy Gaudino at 678-425-2867 with questions.**