ARLINGTON CENTRAL SCHOOL DISTRICT

144 Todd Hill Road, LaGrangeville, NY 12540 *Phone:* 845-486-4460

PARENT/GUARDIAN - - REGISTRATION FORM FOR PARENT PORTAL

Portal Agreement for Viewing Student Information Using the Arlington Central School District School Tool Portal

I am requesting access to my child/children's information through the Arlington Central School District SchoolTool Portal. I have read the Arlington Central School District User Guidelines for the SchoolTool Portal and agree to abide by these guidelines. I understand that for security purposes, the District reserves the right to change user passwords or deny parent/guardian/student access at any time. By signing this agreement I, as the parent/guardian, release the Arlington Central School District from any and all liability for damages arising out of the unauthorized access to my parent/guardian account.

I agree that I will not share my password or allow anyone other than myself to use the account. I understand that three unsuccessful logins will disable my account. If my account becomes locked, I may email the District's SchoolTool Portal Support at parentportal@acsdny.org and request that the account be unlocked. Verification of identity with personal information will be required to unlock my account. I understand that it may take up to 5 school days to have my account unlocked. I understand that the District is not responsible for assisting with technical difficulties on my home or work computer.

Please list the names of your child/children currently enrolled in the Arlington Central School District. The information given on this form must match the enrollment information on file. This information will be used for verification purposes only and will not be used to update the information on file.

Please complete, sign and return this form to your child's school in person and be prepared to present photo I.D. If you have children in more than one school, please return the form to whichever building is more convenient with all your children listed on the one form. If you are a non-custodial parent/legal guardian living out of the district, please contact the Help Desk at parentportal@acsdny.org for assistance.

Email: (One letter/number per box) Please print legibly and clearly designate NUMBERS

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allowing your email to be put into Schossenger, our automated alert system.	oolTool, you are allowing the sc	chool's staff to communica	te with you directly by email.	This system is separate from Sc.
I,Parent/Guardian N		authorize my	email to be used.	
Signature:		Date:		_
<u>First name</u>	MI Last N		<u>School</u>	<u>Grade</u>
				
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Certification of User	<u>SCHOOL</u>	OFFICE USE ON	<u>LY</u>	
Driver's License /or Photo ID)). Bv:		Date:	

Please attach a copy of the photo ID to the form after checking the SchoolTool database and then send form and copy of Driver's License to Data Services