ARLINGTON CENTRAL
SCHOOL DISTRICT

HIGH SCHOOL STUDENT - - REGISTRATION FORM FOR PARENT PORTAL

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

I am requesting access to my student 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 student access at any time. By signing this agreement I, as the student, release the Arlington Central School District from any and all liability for damages arising out of the unauthorized access to my student 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 schools days to have my account unlocked.

I have checked that the computer I will be using to access the Internet site for viewing student information meets or exceeds the minimum requirements as identified in the system requirements and I understand that the District is not responsible for assisting with technical difficulties on my home or work computer.

Please list your name below. 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.

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

By allowing your email to be put into SchoolTool, you are allowing the school's staff to communicate with you directly by email. This system is separate from School Messenger, our automated alert system.

I,_____ **authorize my email to be used.**
Student Name **(PRINT)**

Signature: _____ ***Date:*** _____
Student Signature

Student Information: **(*Please print*)**

First name	**MI**	**Last Name**	**School**	**Grade**
_____	___	_____	**AHS**	____

****

FOR AHS OFFICE PERSONNEL USE ONLY: ***(Form needs to be signed by AHS Personnel to be processed)***

Received by:_____ **Date:**_____
AHS Personnel