FAMILY ACCESS PARENT PORTAL (FAPP)

The purpose of this form is to obtain the information, agreements and consents necessary to implement and maintain your Family Access account. This Agreement and Consent is specific to the legal parent/guardian named below, and the assigned user ID and password may only be used by that individual. Any other parent/guardian who wishes to have access to the account must complete a separate form and obtain a separate user ID and password.

*YOU MUST HAVE AN EMAIL ADDRESS! IF YOU DO NOT, WE RECOMMEND OBTAINING A FREE ADDRESS AT WWW.GMAIL.COM.

*IF YOU DO NOT HAVE A USER ID AND PASSWORD FOR THE FAMILY ACCESS PARENT PROTAL, PLEASE COMPLETE ONE FORM PER HOUSEHOLD LISTING ALL OF YOUR CHILDREN CURRENTLY ENROLLED IN THE GADSDEN COUNTY PUBLIC SCHOOL SYSTEM.

| Leagal Parent/Guardian (Please Print) | Email Address | | | |
|---------------------------------------|---------------|--------|------------|----------------------|
| Last Name | | Suffix | First Name | |
| Home Address | | | Zip | Daytime Phone () |
| Mailing Address | | | Zip | Evening Phone () |
| Spouse (Last, First) | | | | Official Use: |

| Student's Name(s) (First Last, Suffix) | Date Of Birth | School | Lives with Me | Relationship to Student |
|---|------------------|------------------|------------------|----------------------------|
| John Doe, Jr. | 10/11/12 | George W. Munroe | Yes/No | Mother |
| | | | | |
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By signing below, I acknowledge and agree as follows:

I certify that I am the legal parent or legal guardian of the student(s) identified above.

I understand that I will be issued a user ID and password for Skyward Family Access, which I agree to keep confidential. I agree that I will NOT share the user ID and password and will take appropriate steps to prevent disclosure of this information to others. If the user ID and password are disclosed, I agree to notify the School District of the disclosure immediately. I hereby release the School District from any and all claims relating to an inadvertent disclosure of my child(s) information resulting from my failure to maintain the security of my user ID and password.

I understand and agree that I will have select access to student information via my Family Access account and I understand and agree that inappropriate or unauthorized use of the Family Access system may result in civil or criminal penalties, and that access may be suspended for delinquent accounts.

| Signature of Legal | | | | | |
|------------------------------|-------------------------------|-------------|--|------------------------|-----------------------|
| Parent/Guardian | | | | Date | |
| User Id and Password will be | sent to the email provided al | bove. | Roger P. Milton Superintendent of Schoo | ls | |
| STATE COUL | Audrey D. Lewis | Steve Scott | BOARD OF EDUCATIO |)N Charlie D. Frost | Tyrone D. Smith |
| *GCPS* | District 1 | District 2 | District 3 | District 4 | District 5 |
| STC SCHOO | | | | Gadsden | County Public Schools |

"Putting Children First"

35 Martin L. King Jr, Blvd., Quincy, FL 32351 Questions or concerns, please contact Media and Technology at (850) 627-9651, Ext. 1261; 1224 or 1410.