

Aspen (X2) Family Portal Acceptable Use Policy

Student Name: _____ ID#: _____
School Name: _____

Student Name: _____ ID#: _____
School Name: _____

Student Name: _____ ID#: _____
School Name: _____

I have read the Parent Portal Acceptable Use Policy (including the User Guidelines) and I agree to abide by and support these rules. I understand that if I violate any terms of this Acceptable Use Policy I may lose my privilege to use the Parent Portal, and may be liable for civil and/or criminal consequences.

Please return the completed form to ICT Department via email at lbsportal@ludlowps.org, have student bring to school, or mail it directly to:

Ludlow Public Schools
Information Communication Technology Department
63 Chestnut Street
Ludlow MA 01056

Parent/Guardian # 1 PRINT NAME

Parent/Guardian # 2 PRINT NAME

Parent/Guardian #1 Signature

Parent/Guardian #2 Signature

Date

Date

E-mail Address Parent/Guardian # 1

E-mail Address Parent/Guardian # 2

Telephone Parent/Guardian # 1

Telephone Parent/Guardian # 2

NOTE: Below for school use only

Guidance Counselor

Date

Information Systems

Date