



**Bingham Power School Parent Access Signup Form**

**Student Email Guidelines**

**&**

**Email Communication**

I am requesting online access to my child’s information included in the Independence School District PowerSchool student information system. This includes access to grades, attendance and various other pieces of information pertinent to my child.

The Independence School District is providing all students with the opportunity to have school email accounts.

These accounts are for academic purposes only. Our goal is to provide students with a safe environment where they will learn appropriate use of communication tools. Email used in our classrooms will provide communication skills necessary for daily interactions as well as to meet Missouri Learning Standards adopted by the state of Missouri. Students will also have access to cloud computing applications (such as Google docs) to keep their electronic portfolios of information.

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

All student email accounts will be monitored and are not to be considered private. The account is provided as an instructional support and all messages are open for review by any educational personnel. Abuse of email accounts will result in disciplinary action to be determined by district policy and administration. The account can be suspended if any inappropriate use is suspected and will be handled by school/district administration. Please refer to the ISD Student AUP (acceptable Use Policy) for further clarification on the use of appropriate communications using technology.

Parent/Guardian 1 Name: \_\_\_\_\_

Parent/Guardian 1 Email: \_\_\_\_\_

- Messages will not contain profanity, obscene comments or sexually explicit materials.
- Messages will not contain racist, sexist, religious or generation derogatory content.
- Respect for member of the school and general community is expected.
- User identity will be accurately reflected in all messages.
- No student is allowed to use another person’s username, password or email account.

Parent/Guardian 2 Name: \_\_\_\_\_

Parent/Guardian 2 Email: \_\_\_\_\_

**\*\*By signing this form, I am certifying that I am the legal parent/guardian of the above child and request access to his/her information.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I approve of my child \_\_\_\_\_ obtaining an email account provided by the Independence Public School District for academic use.

*Please note: You will receive your Parent Access username and password when you accompany your student to schedule pick up.*

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_