

KAUFMAN I.S.D.

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1000 S. Houston St., TX 75142

972-932-5668

Devenue/Constitution Name			
Parent/Guardian Name:	Parent Waiver form for Online		
Address:	Access to Attendance & Grades		
City, State, Zip:			
Please review all information, sign and return it to the above	address. Faxes will not be accepted.		
I understand and agree to the following: I understand that the verification process may cause a delay in the receipt of my family access My student's attendance and grades will be available on an encrypted internet KISD is not responsible for internet access to my student's attendance and grade reports by person who do not have my authorization or consent In order to maintain confidentiality, I must not reveal my username and password to anyone other than another parent or legal guardian KISD has the authority to revoke my access should circumstances arise warranting it By signing below, I certify that I am the student's parent or legal guardian, which the student is a minor or dependent for tax purposes, and I waive any claims or causes of action I may have against KISD by reason of any unauthorized access **PARENT/LEGAL GUARDIAN SIGNATURE** My signature on this form indicates that I agree to the information printed on this form. Signature of Parent/Legal Guardian: Relationship to the student(s): (circle one) Mother, Father, Step Mother, Step Father, Foster Mother, Foster Father, Grandmother, Grandfather, Aunt, Uncle, other			
		Parent/Legal Guardian must have a valid email on file:	
		Date: Phone num	mber:
		KAUFMAN ISD does not discriminate on the basis of gender, age, race, nationality, religion, disability, socioeconomic standing or non-proficiency in English language skills in providing educational services for students' benefits.	
		Write in the name and campus of your student(s) below. Onc has been verified, an email will be sent to the email on file w	ce you have signed and return this waiver and the information with directions and a link to Family Access.
		Student Name:	Campus:
Student Name:	Campus:		

OFFICE USE ONLY

Verified by: ______ Verified Date: _____