

VIDOR INDEPENDENT SCHOOL DISTRICT
FAMILY ACCESS ENROLLMENT FORM

Please Print Clearly - Only one application per Parent or Guardian is necessary. Your login and password will allow access to all VISD students in your family.

Parent or Legal Guardian Information- (One Parent/Guardian per form)

Parent/Guardian **Last Name**

Parent/Guardian **First Name**

Parent/Guardian **E-mail Address**

Parent/Guardian **Phone Number**

List all VISD Students for which the applicant is the Parent or Legal Guardian

Student Last Name

Student First Name

Campus/Grade

Student Last Name

Student First Name

Campus/Grade

Student Last Name

Student First Name

Campus/Grade

Student Last Name

Student First Name

Campus/Grade

Student Last Name

Student First Name

Campus/Grade

By completing the application for this account, you allow the Vidor Independent School District (VISD) to make information confidential under the Family Educational Rights and Privacy Act, including but not limited to your student's schedule, attendance record, discipline record, grade information, demographic information, health information, and other school information available to you by means of the Internet on a website that is secure and accessible by a login and password. You will be able to see your student's digital records with your unique login and password. Your login and password should not be shared with anyone. Please emphasize to your student(s) not to share a login with others.

You understand and agree that VISD is not responsible for unauthorized Internet access to your student's digital records by persons who do not have your consent. By signing the signature line below, you confirm that you understand and accept the guidelines and conditions for access to your student's digital records and you waive any claims or causes of action that you may have against VISD by reason of such unauthorized access.

Parent/Guardian Signature

Date

Please return this form to your child's campus or via Fax at 783-1723 and you'll receive your logon information via e-mail once the district has processed your application.

If you have any questions, you may email us at familyaccess@vidorisd.org or call the Technology Office at 951.8752.

Office Use Only	Application Campus: _____
ID Verified By: _____	Date Application Processed: _____
Family ID#: _____	Date of Login and Password Notification: _____