



West Orange – Cove CISD

P.O. Box 1107, Orange, Tx. 77631 , (409)882-5500, fax (409)882-5452

ACCEPTABLE USE GUIDELINES & APPLICATION FORM SKYWARD FAMILY ACCESS

The West Orange-Cove School District uses the Skyward SIS (Student Information System) to take attendance, post grades and take in various data about our families and students. **Family Access** is a web portal developed by Skyward that allows parents/guardians the ability to access their child(ren) via the internet. This access is provided at no additional cost to the parents/guardians of child(ren) that attend school in our district.

In order to provide **Family Access** to the parents/guardians in a manner that allows the teachers to focus their energies on student learning and assessment, please follow these guidelines:

Users of Family Access are required to adhere to the following guidelines:

1. Users will not use someone else's account or access another individual's records without permission.
2. Users will not use **Family Access** for any illegal activity, including violation of Data Privacy Laws. Unauthorized access or release of student information is prohibited. Anyone found to be in violation of these laws may be subject to civil and/or criminal prosecution.
3. Users will not share their password with anyone. Each guardian will receive a separate password.
4. Users will not gain or attempt to gain unauthorized access to restricted information or resources.
5. Users will not maliciously attempt to harm or destroy District equipment or materials, data of another user of the District's system, or any of the other connected networks.
6. Users identified as a security risk to West Orange-Cove School District's **Family Access** or the West Orange-Cove School District network will be denied access to **Family Access**.

If you have a question about grades obtained from **Family Access**, please contact your student's teacher for clarification. Any other issues with attendance or demographic information should be addressed by the attendance office at the school your child(ren) attend.

For any other issues please feel free to contact me at familyaccess@wocisd.net or the number listed below.

Elvis Rushing
Director of Technology
West Orange-Cove CISD
409-882-5421



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Family Access Logon Procedures

1. Go to www.woccisd.net
2. Click on either the Family Access icon on the right side of the screen or go to Parents, Family Access.
3. Enter the username and password that you received in your email in the appropriate spaces.

Family Access applications as well as the training presentation are also located under the Parents link on the main page of the website. If you have any questions please email familyaccess@woccisd.net or the attendance office at your child's school.



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I have read the West Orange – Cove CISD Acceptable Use Guidelines for Skyward Family Access. In consideration for the privilege of access to my child’s academic information, I hereby release the District, its operators, and any institutions with which they are affiliated from any and all claims and damages of any nature arising from my use of or inability to use the system. I also understand that I am responsible for the proper use of accounts and that the District may suspend or revoke access if rules are violated. Once approved and access granted, future applications will only be needed for child(ren) not listed on this application form.

Printed Name of Parent or Guardian (one applicant per form): _____

Signature of Parent or Guardian: _____ Date: _____

Printed Home Address: _____

Home Phone Number: _____ Cell Phone Number: _____

Driver’s License Number: _____ State: _____ Date of Orientation Attended: _____

E-mail address: _____

If the person completing this application is a step-parent to any child(ren) listed on this form, a parent of the child(ren) must sign here to allow the step-parent access to the child(ren)’s information: _____

Child: (Please Print)	For School Use Only:
1. _____ Last Name, First Name MI Relationship to Child: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Stepfather* <input type="checkbox"/> Stepmother* <input type="checkbox"/> Guardian _____ Campus Grade	<input type="checkbox"/> Legal guardianship verified <input type="checkbox"/> Student records reviewed & verified Type of ID: (Photo ID required) <input type="checkbox"/> Driver’s License <input type="checkbox"/> Other: _____ Person verifying: _____ Date verified: _____ <input type="checkbox"/> Applicant notified. Date _____

Child: (Please Print)	For School Use Only:
2. _____ Last Name, First Name MI Relationship to Child: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Stepfather* <input type="checkbox"/> Stepmother* <input type="checkbox"/> Guardian _____ Campus Grade	<input type="checkbox"/> Legal guardianship verified <input type="checkbox"/> Student records reviewed & verified Type of ID: (Photo ID required) <input type="checkbox"/> Driver’s License <input type="checkbox"/> Other: _____ Person verifying: _____ Date verified: _____ <input type="checkbox"/> Applicant notified. Date _____

*Step-parents must have signature from parent of child(ren) to receive access.

~If you need space for additional child(ren), please use the back of this form.~



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Additional Child(ren)

(This form must accompany the first page if duplicated on separate sheets of paper.)

Child: (Please Print)	For School Use Only:
3. <hr/> Last Name, First Name MI <u>Relationship to Child:</u> <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Stepfather* <input type="checkbox"/> Stepmother* <input type="checkbox"/> Guardian <hr/> Campus _____ Grade _____	<input type="checkbox"/> Legal guardianship verified <input type="checkbox"/> Student records reviewed & verified Type of ID: (Photo ID required) <input type="checkbox"/> Driver's License <input type="checkbox"/> Other: _____ Person verifying: _____ Date verified: _____ <input type="checkbox"/> Applicant notified. Date _____

Child: (Please Print)	For School Use Only:
4. <hr/> Last Name, First Name MI <u>Relationship to Child:</u> <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Stepfather* <input type="checkbox"/> Stepmother* <input type="checkbox"/> Guardian <hr/> Campus _____ Grade _____	<input type="checkbox"/> Legal guardianship verified <input type="checkbox"/> Student records reviewed & verified Type of ID: (Photo ID required) <input type="checkbox"/> Driver's License <input type="checkbox"/> Other: _____ Person verifying: _____ Date verified: _____ <input type="checkbox"/> Applicant notified. Date _____

Child: (Please Print)	For School Use Only:
5. <hr/> Last Name, First Name MI <u>Relationship to Child:</u> <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Stepfather* <input type="checkbox"/> Stepmother* <input type="checkbox"/> Guardian <hr/> Campus _____ Grade _____	<input type="checkbox"/> Legal guardianship verified <input type="checkbox"/> Student records reviewed & verified Type of ID: (Photo ID required) <input type="checkbox"/> Driver's License <input type="checkbox"/> Other: _____ Person verifying: _____ Date verified: _____ <input type="checkbox"/> Applicant notified. Date _____

*Step-parents must have signature from parent of child(ren) to receive access.