

DeSoto County Schools
ParentPortal
Parental Use and Responsibility Acknowledgement

I, _____,

parent or legal guardian of _____

_____ who is/are student(s) at _____

acknowledge that I have requested and received authorization to use ParentPortal. I understand that I share in the responsibility of keeping safe the data of my child(ren).

My responsibilities include reporting any security concerns to the school district, guarding my password, changing my password on a regular basis, and promptly logging off of my ParentPortal session when finished or before leaving my computer.

I understand that the school district may without prior notification disable my accounts as part of the overall security procedures.

Signed,

Print Name Here

Sign Name Here

Date: _____

E-mail address