

**CEDAR HILL ISD**  
**ONLINE FAMILY ACCESS APPLICATION FORM**

Please Print Clearly

\_\_\_\_\_  
Parent/Guardian Last Name

\_\_\_\_\_  
Parent/Guardian First Name

\_\_\_\_\_  
Parent/Guardian Email Address

\_\_\_\_\_  
Parent/Guardian Home Phone

\_\_\_\_\_  
Student Last Name

\_\_\_\_\_  
Student First Name

\_\_\_\_\_  
Grade

\_\_\_\_\_  
School

By completing the application for this account, you hereby expressly consent to allow the Cedar Hill Independent School District (CHISD) to make 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. Only you will be able to see your student's digital records with your unique login and password. Other parents or guardians will be provided their own unique login and password to access digital information for their students. Therefore, your login and password should not be shared with anyone.

CHISD will not make your username/password publicly available. The web based digital records for your student can only be accessed by a current parent or guardian who currently has access to the student's written school records and has applied for a valid username and password. You may cancel this service at any time by contacting the campus registrar/secretary. Once your application is approved, you will receive an email with login information and instructions.

Be aware, however, that disclosure by CHISD, including the contents of the website, may occur in the event such information is required by a court subpoena order, a decision or directive from the Attorney General's office, or other reason required by law.

You understand and agree that CHISD 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 CHISD or its employees, agents, representatives, or Trustees for information being available on the website as described above.

\_\_\_\_\_  
Guardian Applicant Signature

\_\_\_\_\_  
Date

**Office Use Only**

Parent/Guardian Confirmed:\_\_\_

Username/Password Generated:\_\_\_

Email Sent:\_\_\_

Initials:\_\_\_