

**DeSoto County Schools
ParentPortal
Parental Use and Responsibility Acknowledgement**

I, _____

parent or legal guardian of _____

_____ who is/are students 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

Lewisburg High School Parents:

Sign and email copies of this form and your driver's license and to
brooke.mccarter@dcsms.org