



**Brodhead School District
Family Access Password Agreement**



Parent/Guardian Name _____ Date _____

Home Address _____ Home Phone _____

Email Address _____

Relationship to Child _____

Names of Children in the Brodhead School District:

_____	_____
_____	_____
_____	_____
_____	_____

I, the undersigned, agree to use this password for the express purpose of accessing my child's on-line school information. Improper use of this information is prohibited by law.

Because the person who has the password can look up confidential student information, it is important that the password remain known only to the family to which it is released.

Parent/Guardian Signature _____