



# Brodhead School District Family Access Password Agreement



Parent/Guardian Name \_\_\_\_\_ Date \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

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 \_\_\_\_\_