



TWO RIVERS PUBLIC SCHOOLS



AN EFFECTIVE SCHOOL DISTRICT
ON WISCONSIN'S EAST COAST

Administration Office
4521 Lincoln Avenue
Two Rivers, WI 54241
(920) 793-4560
FAX (920) 793-4014
E-Mail jandrbar@trschools.k12.wi.us

NOTE: IF YOU OBTAINED A FAMILY ACCESS PASSWORD LAST SCHOOL YEAR, YOU MAY CONTINUE USING YOUR CURRENT LOGIN/PASSWORD; THERE IS NO NEED TO RETURN THIS FORM AGAIN.

SKYWARD FAMILY ACCESS PARENT LOGIN/PASSWORD REQUEST

The Two Rivers School District is pleased to provide the latest technology in allowing parents to become more involved in their children's education through "Family Access". Family Access will provide:

- A detailed calendar providing options to view excused or unexcused absences in detail from the convenience of your home or work.
- Teacher provided e-mail links for easier communication between parents and teachers.
- One easy touch of a key allows for the viewing of class lists and grades in the convenience of a single location.
- All student and emergency information can easily be kept current and accurate. All existing information can be easily viewed by parents/guardians and changed if corrections are necessary.
- Expenses can be made easier for parents to manage, by being able to track exactly how their child's lunch money is being spent.
- You are assured a secure environment for all logins and passwords.
- Your child's grades.

IF YOU WOULD LIKE TO REQUEST A USER LOGIN AND PASSWORD, PLEASE COMPLETE THE BOTTOM PORTION AND RETURN TO THE SCHOOL OF THE OLDEST CHILD IN YOUR HOUSEHOLD. YOUR LOGIN AND PASSWORD WILL BE E-MAILED TO THE E-MAIL ADDRESS LISTED. PLEASE BE SURE TO KEEP YOUR LOGIN AND PASSWORD IN A SECURE LOCATION.

_____ **Yes.** I request a user name and password for the purpose of accessing information about my child(ren) via the Internet. I understand that a user name and password are intended to prevent disclosure of confidential student record information to unauthorized persons. I understand that confidential student record information may be disclosed to anyone obtaining access to my user name and password. Through requesting and obtaining a user name and password, I agree to safeguard this information against unauthorized disclosure to persons who should not have access. I will assure that all persons who are authorized access to my user name and password will take similar precautions.

Name of Oldest Student in Household

School Attending

Parent/Guardian Name

Date

Signature of Parent/Guardian

E-Mail Address

Please turn this form in to your child's teacher or school secretary.