

**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  
**kathy.may@dcsms.org**