My BackPack Parent Portal Acceptable Use Policy

Welcome to the Middlesex My BackPack Parent Portal. Student grades, faculty comments, and billing details are communicated through this portal, so it is important to return this form, as access to the parent portal is allowed only after signing and returning this Acceptable Use Policy (“AUP”) Form. The portal provides parents with the privilege of accessing their student(s) information records through a secure Internet connection. Once granted access, parents are responsible for updating contact information through the Middlesex My BackPack Parent Portal.

In return for the privilege of accessing the portal, parents will be expected to act in a responsible, ethical, and legal manner.

Parents/guardians are required to adhere to the following guidelines:

1. Parents will not share their passwords with anyone, including their children.
2. Parents will not attempt to harm or destroy data of another user, school or district network, or the Internet.
3. Parents will not allow their computers to remember their password when using the parent portal.
4. Parents will not use the portal for any illegal activity, including violation of data privacy laws. Anyone found to be violating laws will be subject to civil and/or criminal prosecution.
5. Parents will not access data or any account owned by another parent or student.
6. Parents who identify a security problem with the parent portal are asked to notify the Middlesex School Chief Technology Officer, Joe Alford, at jalford@mxschool.edu.
7. Parents who are identified as a security risk to the parent portal, or any other Middlesex School computers or networks, will be denied access to the parent portal.

I have read the above information and agree to abide by and support these rules. I understand that if I violate terms of the above policy, I may lose my privilege to use the parent portal. I hereby request parent portal access by signing below, listing my children below, and returning this request to the School.

Student Name(s) (print): ___________________________________________________________

_________________________________________________________  __________________________
Parent/Guardian #1 Signature   Parent/Guardian #2 Signature

_________________________________________________________  __________________________
Parent/Guardian #1 (Print)   Parent/Guardian #2 (Print)

Date: ___________________________  Date: ___________________________

E-mail Address 1: ______________________  E-mail Address 2: ______________________

I request that my contact information NOT BE INCLUDED in the Online Directory. (Initial) ____________
(Only initial if you do not want other Middlesex families to see all of your contact information.)

If you are interested in granting a third-party access to your child’s billing statements, please e-mail Mary Canniff (mcanniff@mxschool.edu) to request a separate permission form.
NEW STUDENT INFORMATION FORM 2019-20

Student’s Full Legal Name (no initials please):
  First _______________________________________
  Middle _______________________________________
  Last _______________________________________
Preferred/Nickname __________________________________
Date of Birth (month/day/year) ______/______/______
Cell Phone Number___________________________________
Is the student a United States Citizen?    Y      N

Parent 1
  Name Title _______________________________________  (Mr./Mrs./Ms./Dr.)
  First _______________________________________
  Middle _______________________________________
  Last _______________________________________
Preferred/Nickname __________________________________
Home Phone Number ________________________________
Business Phone Number ________________________________
Cell Phone Number ________________________________
Postal Address Line 1
  (name or names, for example, “Alex and Pat Smith” or “Mr. and Mrs. Alex Smith”)
   ____________________________________________ (Street, Apartment)
   ____________________________________________ (Street 2, if needed)
   ____________________________________________ (City, State, Zip)
   ____________________________________________ (Region, Country)
  Is this address a residential address?   Y    N
If Parent 1 is remarried, spouse’s name __________________________________

Parent 2
  Name Title _______________________________________  (Mr./Mrs./Ms./Dr.)
  First _______________________________________
  Middle _______________________________________
  Last _______________________________________
Preferred/Nickname __________________________________
Home Phone Number ________________________________
Business Phone Number ________________________________
Cell Phone Number ________________________________
Postal Address Line 1
  (name or names, for example, “Alex and Pat Smith” or “Mr. and Mrs. Alex Smith”)
   ____________________________________________ (Street, Apartment)
   ____________________________________________ (Street 2, if needed)
   ____________________________________________ (City, State, Zip)
   ____________________________________________ (Region, Country)
  Is this address a residential address?   Y    N
If Parent 2 is remarried, spouse’s name __________________________________

Rev. 3/1/19