Cobb County School District
ParentVUE
Acceptable Use Policy & User Agreement

Parent/Guardian (Head of Household) Printed Name: ____________________________________________

Names of your children enrolled in the Cobb County School District:
____________________________________________________________________________________
____________________________________________________________________________________

GUIDELINES FOR USE

• One activation key will be provided for the parent/guardian named above to access all of the students associated
with the parent/guardian. Each student will be provided with his/her own login to access his/her information,
separate from any siblings. The parent/guardian login should not be shared with students.
• The login ID and password confidentiality is crucial. DO NOT share this information with any other persons.
• Use of the ParentVUE is a privilege for parents to monitor the academic progress of their
student(s). Any misuse or abuse of this account will result in denial of access.
  o Users will not attempt to harm or destroy data of the student(s) for whom this account applies, that of
    another user, the school or district network, or the Internet.
  o Users will not use the ParentVUE 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.
  o Users will not access data or any account pertaining to any other student or family of student other than
    those named herein.
  o Users who identify a security problem with the ParentVUE must notify the school immediately
    without demonstrating the problem to anyone else.
  o Users who are identified as a security risk to the ParentVUE or any other Cobb County School District
    computer or network will be denied access to the ParentVUE.
• In signing the ParentVUE Acceptable Use Policy and Agreement, I agree to the above terms and for any requests
  for e-mail notifications from the system to be authorized.

I understand and agree to abide by the aforementioned guidelines for use of the ParentVUE. I understand that the
account information is confidential and MUST NOT be shared. Upon learning that a ParentVUE user ID or password has
been compromised, I will immediately notify school personnel.

Parent/Guardian (Head of Household) Signature: ____________________________________________ Date: __________

Email address: (Please print) ____________________________________________________________ Phone Number: ________________

This form must be signed, dated and submitted to the school prior to receiving
the account access information. Picture ID will be required of the recipients.

For School Use Only

Legal Guardianship Verified [ ] Type of ID: [ ] Driver’s License [ ] Other - Describe: ________________________________

Person verifying photo ID: __________________________________ Date: _____________________