

THOMAS JEFFERSON MIDDLE SCHOOL

**655 Teaneck Road
Teaneck, NJ 07666
(201) 833-5471
Fax # (201) 833-3983**

Commitment to Lifelong Learning in a Caring Environment

**Alma Morel
Assistant Principal**

**Angela R. Davis
Principal**

**Edward Wilson
Assistant Principal**

January 2013

Dear Parent/Guardian:

The Student Access web-based information and communication center is available for use for the 7th and 8th grade students.

With your permission, students will have access to their grades, progress reports, assignments, attendance, schedules and a message center. User IDs for your child will be created and distributed to your child by their guidance counselor.

The district and Thomas Jefferson Middle School's goal is to provide your child(ren) with easy access to information about their academic progress.

Please have your child(ren) fill out the attached form and return to their homeroom teacher.

If you have any questions or concerns, please feel free to contact me at 201-833-5471.

Sincerely,

Angela R. Davis
Principal

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I, _____, acknowledge that I have requested and will receive authorization to use Skyward Student Access. I understand that I share in the responsibility of keeping safe my personal data.

My responsibilities include:

- Reporting any security concerns to the school district
- Guarding my password
- Changing my password on a regular basis
- Promptly logging off my Skyward Student Access session when finished or before leaving my computer

I understand that the school district may, without prior notification, disable my account as part of the security procedures.

Student name (printed) _____

Student email address (printed) _____

Student's signature _____
Acknowledging the acceptance of the rules for having access to Student Access

Date _____

I, _____ (parent/guardian) have given permission for my child to have access to his/her Skyward Student Access account. I understand that my child's personal email address will be used for this purpose.

Signature of parent/guardian _____

Email address of parent/guardian _____

Name of student _____

Note: Completed forms are to be returned to Guidance Counselor, who will issue Student Access registration information and code.