



# SOUTH KITSAP SCHOOL DISTRICT

## PTA/PTSO OFFICER NETWORK ACCOUNT REQUEST FORM

District network accounts are automatically available to staff and students. PTA/PTSO officers with a need for computer access at school must be requested and approved annually. The district does not provide e-mail accounts for PTA/PTSO officers – e-mail should be established outside of SKSD using a third party provider.

School:	
Officer Full Legal Name:	
Position:	
Home Address:	
Home Phone Number: (Please include area code)	
Personal E-mail Address:	
Are you a district employee or active substitute? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, position: _____	
Have you previously received a SKSD network account? <input type="checkbox"/> Yes <input type="checkbox"/> No	

### ACCESS REQUESTED

- ☐ Computer Access
- \_\_\_ Use of a district computer
  - \_\_\_ Use of the internet (in accordance with district Acceptable Use Policy)
  - \_\_\_ Use of a printer (Which printer? \_\_\_\_\_)
- ☐ Web Manager Access to School PTA Web Site

In requesting this account:

- ★ I have read and agree to the terms of district Policy 2022 (Electronic Systems Use);
- ★ Use of this account will be related to my duties as a PTA/PTO officer in supporting school activities;
- ★ I will **not** share my account login information with anyone, including other PTA/PTSO members;
- ★ I understand this account will be inactivated on June 30 of the current school year.

**\*\*\* PLEASE ATTACH A COPY OF THE PTA/PTO BOARD MINUTES INDICATING THE ELECTION RESULTS ESTABLISHING THIS PERSON AS AN OFFICER. \*\*\***

User Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Principal Signature: \_\_\_\_\_ Date: \_\_\_\_\_

ITS Director: \_\_\_\_\_ Date: \_\_\_\_\_

ITS USE:

Account name: \_\_\_\_\_ Entered by: \_\_\_\_\_ Date: \_\_\_\_\_

Notification sent to Office Coordinator: \_\_\_\_\_ (date)