

PARENT PORTAL APPLICATION AND USER AGREEMENT

PLEASE PRINT CLEARLY. INCOMPLETE FORMS WILL BE RETURNED AND WILL DELAY THE APPLICATION PROCESS.

Parent/Guardian Name: _____

Parent/Guardian's email address: _____

Please list all your children who are students at Washakie County School District No.1 (the District):

_____	_____
_____	_____
_____	_____

The District reserves the sole right to accept or reject this application.

USER AGREEMENT

I, _____ (printed name) agree to abide by the rules listed below:

1. I understand that access to the Portal is a privilege, not a right.
2. I will respect the rights and property of others and will not improperly access, misappropriate or misuse the files, data, or information found on the Infinite Campus Portal.
3. I will not share my account with anyone outside of my immediate family or leave the account open or unattended.
4. I will keep all accounts and passwords confidential and inaccessible to others.
5. I will take precautions to prevent viruses on my own equipment.

Interpretation, application, and modification of these User Agreements are within the sole discretion of the District. Any questions or issues regarding this policy should be directed to District Administration.

I understand that violation of any conditions of use described herein may be cause for termination of my Infinite Campus Portal account.

I have read the user agreement above, understand the rules, and agree to comply with the above stated rules.

Parent/Guardian Signature: _____ Date: _____

Once your application has been processed and accepted, notice of your account information, logon information and a Portal Guide will be sent to the email address you listed above.

FOR OFFICE USE ONLY

Date Application Received In Office: _____ Date Account Created: _____

Administrator Approves Application: _____ Yes _____ No User Name: _____

Administrator's Initials: _____ Date: _____ Account Termed: _____