

ELECTRONIC WEB ACCESS AGREEMENT FOR VIEWING STUDENT INFORMATION
USING THE SANFORD SCHOOL DEPARTMENT INFINITE CAMPUS PARENT PORTAL

Parent Agreement Form

- I am the parent or legal guardian of the children listed below.
- I am requesting access to my child/children's student information on the Sanford School Department Infinite Campus Parent Portal website.
- I have read the *Sanford School Department Acceptable Use Policy/User Guidelines for the Infinite Campus Parent Portal* and agree to abide by and support the expectations. I understand that for security purposes the School Department reserves the right to change user passwords or deny parent/guardian access at anytime. By signing this agreement I, as parent/guardian, release the Sanford School Department from any and all liability for damages arising out of the unauthorized access to my parent/guardian account.
- I agree that I will not share my password or allow anyone other than myself to use the account including my own child/children.
- I understand that three unsuccessful logins will disable my account. If my account becomes disabled I will use the on-line form at <http://www.sanford.org/ICHelp> to request the account be reactivated.
- I have checked that the computer I will be using to access the Internet site for viewing student information meets or exceeds the minimum requirements as identified in the user guidelines and that the school district is not responsible for assisting with technical difficulties on my home computer.

Census Verification Section

Residence Address: _____

Email Address(es): _____

Home Telephone Number: _____

Cell Phone Number: _____

Please list the names of **all your child/children** currently enrolled in **any Sanford school** and residing at the address listed above.

Child's First and Last name	Child's Date of Birth	School Name	Grade

I have read and I agree to abide by and support the Acceptable Use Policy/User Guidelines for the Infinite Campus Parent Portal.

Parent/Guardian Signature

Please Print Parent/Guardian Name

Date

Parent/Guardian Signature

Please Print Parent/Guardian Name

Date

PLEASE RETURN THIS FORM TO YOUR CHILD'S SCHOOL