

Each parent must complete an agreement for their OWN account.

I am requesting access to my child/children’s student information on the Middlesboro Independent School District’s **Infinite Campus Parent Portal** .

I have read the *Middlesboro Independent School District’s Acceptable Use Policy/ Guidelines for the InfiniteCampus Parent Portal* and agree to abide by, and support the expectations. I understand that, for security purposes, the District reserves the right to change user passwords or deny parent/guardian access at anytime. By signing this agreement, I, as **parent/guardian**, release the *Middlesboro Independent School District* 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 or spouse.

I understand that three unsuccessful logins will disable my account. If my account becomes locked I will submit an Email Request to: icportal@mboro.kyschools.us and ask that my account be unlocked. I will provide further information, as required in the Portal Information Questions and Answers document to verify my identity. I understand that it may take up to 5 schools days to have my account unlocked.

I have verified 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, that the school district is not responsible for assisting with technical difficulties on my home computer, and that it is my responsibility to setup my own user account.

List the names of your child/children currently enrolled in *Middlesboro Independent Schools*, and residing at the address listed below. The information given on this form will be verified with student data within Infinite Campus.

Parent / Guardian Name _____ Last Four Digits of SS# _____

Residence Address: _____ Birth Date _____

Email Address: _____ Work Number () _____

Home Telephone Number: () _____ Cell Phone Number: () _____

Child’s First Name	Child’s Last Name	Child’s Birth Date	School Attending
---------------------------	--------------------------	---------------------------	-------------------------