

PLAINVIEW-OLD BETHPAGE CENTRAL SCHOOL DISTRICT

www.pobschools.org



INFINITE CAMPUS PARENT PORTAL PARENT/GUARDIAN ACCEPTABLE USE AGREEMENT

I am requesting access to my child/children's student information on the Plainview-Old Bethpage School District's Infinite Campus Parent Portal.

My signature on this document is my representation that I have read and agree to the terms of the Plainview-Old Bethpage School District Parent/Guardian Acceptable Use Agreement for the Infinite Campus Portal and the District's Computer Network/Internet Safety and Use Policy and Guidelines set forth in District Policies Nos. 8630 and 8630-R. I understand that my signature on this document indicates my agreement to comply with all District requirements, guidelines and policies with regard to the Infinite Campus Parent Portal.

In consideration of the privilege of use of the District's Parent Portal, and in consideration of having access to the Parent Portal, I hereby release the District, its officers, employees, operators, and any institutions with which they are affiliated, from any and all claims and damages of any nature arising from my use, or inability to use the system. I accept full responsibility for my use and/or my account's use of the Parent Portal. I also accept full responsibility and liability for my actions or my user account's actions with regard to the use of the Parent Portal. I release the District from any liability relating to consequences resulting from my use or my account's use of the Parent Portal.

I understand that for security purposes, the District reserves the right to change user passwords or deny parent/guardian access at anytime.

I understand that three unsuccessful logins will disable my account. If my account becomes locked I will email the district's Infinite Campus Parent Portal at ichelp@pobschools.org to request the account be unlocked within five business days. I will provide the "Personal Login ID" given to me at the time the account was created and I may receive a phone call verifying my request.

I understand that the school district is not responsible for assisting with technical difficulties on any computer.

PLEASE COMPLETE AND SIGN BELOW AND RETURN TO YOUR BUILDING PRINCIPAL

Legal Parent/Guardian Name: _____

Residence Address: _____

City: _____ Zip: _____

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

E-mail Address: _____

Child's First and Last Name as registered in school's records:

Child's First Name	Child's Last Name	Child's Birth Date	School Attending

Print: Parent/Guardian Name

Signature: Parent/Guardian

Date