AITKIN PUBLIC SHOOLS INFINITE CAMPUS PARENT PORTAL ACTIVATION KEY REQUEST FORM

PLEASE READ & INITIAL THE STATEM				
	nd the "Campus Portal Acceptable Use an		•	w.isd1.org
	gh data is in "real time" that student atte	•	•	
I understand that the scho	ool cannot support technical computer	questions not related	to the Infinite Campus pr	rogram.
Please print or type Parent/Guar	dian Information below:			
First Name	Last Name			Middle Name
Address				
Addicas				
City	State			Zip
Home Phone	Work/Cell Phone		Email Address	(Required to e-mail authorization code)
Home Phone			Ellidii Audi Coo	(Required to e-mail authorization code)
Please list the names of the studen	ts you expect to have access to (only ch	ildren you are the leg	zal guardian of):	
First Name	Last Name	Grade	Relationship	School
	7			
	-	\dashv		
	+ +	\dashv \vdash \vdash		
*Parent Signature		Date		
Approval Signature		e-mail confir	rmation sent:	
<u></u>		Activation K	ey Issued? Y N	Date:

Print form and fax to 218-927-7110 OR Scan and e-mail to: kvancamp@isd1.org

Note: A confirmation e-mail requesting the name(s)/grade(s) of your child (ren) will be sent. When you reply to that e-mail, your activation key and instructions will be e-mailed to you.