

Powell County Schools
Infinite Campus Portal for Parents/Legal Guardians Agreement

I am requesting access to my child/children's student information on the Powell County Infinite Campus Portal for Parents/Legal Guardians website. I have read the Powell County Infinite Campus Portal for Parents/Legal Guardians Acceptable Use Policy and agree to abide by and support the expectations. In order to protect the confidentiality of the student records, all parent/legal guardians who want to use this service are required to complete this agreement. A photo ID may be required. This agreement and account will remain in effect until a student withdraws/graduates from the Powell County School District or a court action denies the parent/guardian access to the student's information.

Parent/ Legal Guardian

Name: (one name per form) _____
First Name Middle Name Last Name

Parent/Legal Guardian

Home Address: _____
(Street Address) (City) (State) (Zip)

Parent/Legal Guardian

Home Phone (____) _____ - _____ Work Phone (____) _____ - _____

Parent/Legal Guardian Email Address: _____

Please list all students currently enrolled in the Powell County School District. Student Name	Your relationship to Student (e.g.) mother	Reside with Student (Yes or No)	School Building	Grade Level

I certify that all of the above information is true and I have legal authority to access the records of the student(s) listed above.

Signed _____ Date _____
Signature must be that of the Parent/Legal Guardian shown on the first line. (mm/dd/yyyy)

Important: Once the above information is verified and processed, you will receive your Parent Portal Activation Key along with directions on how to access the site and create your user name and password.

All parents who live locally must present identification at a school or central office to be able to obtain an account. If the parent or guardian lives in another city, state, or country and can not come to the office, please fax a copy of identification and this form to Sarah Wasson at 606-663-3303. You may also scan this document and a copy of your license and e-mail it to sarah.wasson@powell.kyschools.us