

Willmar Public Schools

PARENT PORTAL ACTIVATION REQUEST

PLEASE COMPLETE AND RETURN TO THE SCHOOL OFFICE IN YOUR CHILD'S BUILDING OR THE DISTRICT OFFICE AT 611 5TH STREET SW

I am requesting a login to the Willmar Public Schools Campus Portal and agree to the terms of the Campus Portal Acceptable Use and Safety Policy.**

*** District #347 reserves the right to deny access to the Campus Portal due to court orders or any other legal proceedings that limit availability of private educational data.*

Watch for your
Portal Instructions
to arrive by U.S. Mail.

Allow approximately 2 weeks
from the date we receive your request.

CHECK ALL THAT APPLY:

<input type="checkbox"/>	I read the Campus Portal Acceptable Use and Safety Policy in the Campus Portal Handout
<input type="checkbox"/>	I read "What Data Will I See On The Portal?" in the Campus Portal Handout
<input type="checkbox"/>	My computer meets the Computer System Hardware and Software Requirements outlined in the Campus Portal Handout

CHILDREN I EXPECT TO SEE (Grade and Name) :

<i>Gr</i>	<i>Name</i>
<i>Gr</i>	<i>Name</i>
<i>Gr</i>	<i>Name</i>

ADDITIONAL USER:

My spouse and I will share the same login

or My spouse wants their own login (Complete below)

1st Portal User (You)	
Name:	
Address:	
City:	
State:	
Zipcode:	
Day Phone:	
Email:	
Signature:	<i>Required</i>
Date:	<i>Required</i>

2nd Portal User (Spouse)	
Name:	
Address:	
City:	
State:	
Zipcode:	
Day Phone:	
Email:	
Signature:	<i>Required</i>
Date:	<i>Required</i>

Office Use Only 2006	PP Approved: ____	PP Denied: ____	Date Recvd: _____	PP Approved: ____	PP Denied: ____
	Approved by: _____			Approved by: _____	
	PersonID: _____			PersonID: _____	
	Campus Login			Campus Login	
			Act Code Sent: _____		