

LCWM Campus Portal Acceptable Use Policy Agreement

LCWM SCHOOL DISTRICT # 2071

PO Box 160
Lake Crystal, MN 56055
507-726-2110

Please fill in all the blanks (Print)

STUDENT INFORMATION:

Name	<input type="text"/>	Birthdate	<input type="text"/>	Grade	<input type="text"/>
Name	<input type="text"/>	Birthdate	<input type="text"/>	Grade	<input type="text"/>
Name	<input type="text"/>	Birthdate	<input type="text"/>	Grade	<input type="text"/>
Name	<input type="text"/>	Birthdate	<input type="text"/>	Grade	<input type="text"/>

PARENT/GUARDIAN #1 INFORMATION:

Last Name	<input type="text"/>	First Name	<input type="text"/>		
Mailing Address	<input type="text"/>				
City	<input type="text"/>	State	<input type="text"/>	Zip Code	<input type="text"/>
Home Phone	<input type="text"/>	Work Phone	<input type="text"/>	Mobile Phone	<input type="text"/>
Email Address	<input type="text"/>				

PARENT/GUARDIAN #2 INFORMATION:

Last Name	<input type="text"/>	First Name	<input type="text"/>		
Mailing Address	<input type="text"/>				
City	<input type="text"/>	State	<input type="text"/>	Zip Code	<input type="text"/>
Home Phone	<input type="text"/>	Work Phone	<input type="text"/>	Mobile Phone	<input type="text"/>
Email Address	<input type="text"/>				

I have read the Lake Crystal Wellcome Memorial School District Campus Portal Acceptable Use and Safety Policy, and I agree to abide by and support these rules. I understand that the Campus Portal is designed for accessing only students for which I am listed as legal guardian. I also understand that if I violate any terms of this Acceptable Use Policy that I may lose my privilege to use the Campus Portal, and may be liable for civil and/or criminal consequences.

Signature Parent/Guardian #1

Date

Signature Parent/Guardian #2

Date