

# Maple River Campus Portal Acceptable Use Policy Agreement

## MAPLE RIVER SCHOOL DISTRICT # 2135

PO Box 515  
6<sup>th</sup> Ave. NE  
Mapleton, MN 56065  
507-524-3918

Please fill in all the blanks (Print)

### STUDENT INFORMATION:

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_  
Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_  
Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_  
Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_

User names and passwords are meant to be individualized. Please set up an account for each parent/guardian in the household.

### PARENT/GUARDIAN #1 INFORMATION:

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phones: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_  
Email Address: \_\_\_\_\_

### PARENT/GUARDIAN #2 INFORMATION:

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phones: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_  
Email Address: \_\_\_\_\_

I have read the Maple River School District Campus Portal Acceptable Use Policy and Safety Policy, and I agree to abide by and support these rules. I understand that if I violate any terms of this Acceptable Use Policy that I may lose my privilege to use Campus Portal, and may be liable for civil and/or criminal consequences.

Signature Parent/Guardian #1 \_\_\_\_\_ Date \_\_\_\_\_

Signature Parent/Guardian #2 \_\_\_\_\_ Date \_\_\_\_\_

<b>School Use:</b> Date Activated: _____ Administrator: _____ User Name #1: _____ User Name #2: _____
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