

Katonah-Lewisboro School District
Infinite Campus Parent Portal Agreement

**I have read, understand and agree to the terms outlined in Pages 1-3 of the Portal Agreement.
I certify that I have the legal authority to access the records of the students listed below.**

Parent/Guardian's Name (please print)	
Parent/Guardian's Home Address	
City/State/Zip	
Home Telephone Number	
Email Address	
Full name of child(ren) / school attending, for student records being requested	

PLEASE SIGN AND DATE BELOW:

Signature:

Date:

For Office Use Only:

Date Received:

Initials:

Identification Checked

Activation Key Issued