Portal del campus: Proceso de configuración por 1ª vez

Los siguientes son los pasos que los padres deberán completar para activar su cuenta del Portal del campus y para completar el proceso de Revisión de información de salud y emergencias.

Acceso por primera vez: Cree una cuenta:

1. En un navegador de la web (no en la app), vaya a la siguiente URL: **https://tinyurl.com/196ParentKey**

2. Ingrese el código de activación provisto en el reverso de esta página, exactamente tal como aparece (no es necesario escribir los guiones).

New User?

Activate your Campus Parent account by entering the activation key sent to you by your district.

If you do not have an activation key, please contact your district to obtain one.

Activation Key *

Submit

Back to Login

3. Elija un nombre de usuario y una contraseña (el medidor de la contraseña debe llegar al 100%).

Create Campus Parent Account

Welcome

Username *

Password *

Confirm Password *

Password Strength   0%

Submit

Back to Login

4. Haga clic en el enlace **Back to Login** (Haga clic aquí), utilizando las credenciales creadas arriba.

Success!

Congratulations! You have successfully created your Campus Parent account!

Back to Login

5. Alinee una dirección de correo electrónico a esta cuenta para una recuperación de contraseña, ingrese su nueva contraseña y luego haga click en **Save** (Guardar).

Set Email

You are required to set an account security email.
Please enter the email address that can be used for security purposes. An email will be sent to verify the change.

New Account Security Email

Confirm New Account Security Email

Enter Campus Password

Log Off   Save

Siguientes accesos: Inicie sesión

1. En un navegador de internet, vaya a la siguiente URL: **http://www.district196.org/parents** y haga clic en el botón **Campus Parent Login** (Inicio de sesión del Portal del campus).

2. Ingrese su nombre de usuario y su contraseña y haga clic en **Log In** (Ingresar).

ROSEMOUNT-APPLE VALLEY-EAGAN

Announcements
Thursday June 13, 2019

Parent Username

Password

Log In

Forgot Password?   Forgot Username?   Help

Log In to Campus Student

or

New User?

Campus Parent

DISTRICT196
One District. Infinite Possibilities.

3. La primera vez que ingrese se lo dirigirá para que complete el proceso anual de Revisión de información de emergencias / salud. Consulte la página adjunta para ver las instrucciones.

Aplicaciones móviles: Descarga y configuración

1. Una vez que haya creado su cuenta y completado el proceso de Revisión de emergencias/salud , puede descargar la aplicación **Campus Parent** para iPhone o Android, desde iTunes Store o Google Play Store, por medio de la búsqueda de "Campus Parent" en la tienda correspondiente.

2. La primera vez que utilice la aplicación, se le pedirá que ingrese el nombre del distrito y el estado. Escriba **Rosemount** para el distrito y seleccione **Minnesota** para el estado, luego presione **Search** (Buscar).

3. Seleccione **Rosemount-Apple Valley-Eagan** de la lista resultante, luego inicie sesión utilizando las credenciales creadas anteriormente.

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Completar el Proceso de revisión de emergencias / salud

Una vez que se haya creado la cuenta del Portal del campus, la misma irá directamente al Proceso de revisión de emergencias y salud. Las siguientes son, paso por paso, las capturas de pantalla del dicho proceso.

Infinite Campus Online Registration

English | Espanol
* Indicates a required field

Welcome to the Infinite Campus Online Pre-Registration. Before you begin, please gather the following:

- Household information -- address and phone numbers
- Parent information -- work and cell phone numbers, email addresses
- Student information -- demographic and health/medication information
- Emergency Contact - addresses and phone numbers

Note: Required fields are marked with a red asterisk, and the district will receive the data exactly as it is entered. Please be careful of spelling, capitalization and punctuation. Dates should be entered as MM/DD/YYYY and phone numbers as xxx-xxx-xxxx.

Minnesota law requires the school district to keep accurate, updated records for all students. The information collected on this form will be used for purposes of enrollment, program eligibility, educational services and state and federal reporting. Some of the information requested is voluntary, such as the state/federal reporting and language information section, however, failure to provide some or all of the requested information may limit the school district's ability to enroll and serve your student. This information will be used within the school district on a need-to-know basis, and may also be shared with the Minnesota Department of Education, released pursuant to a subpoena or court order and shared as otherwise permitted by state and federal law. Some of the information may be classified as directory (public) information.

For assistance:
K-12 Students – Please contact your child's school.
Pre-K – Please contact the program for which you are registering.

Haga clic en Comenzar.

Begin

Infinite Campus Online Registration

English | Espanol

DISTRICT196
Application Number
Application For Current School Year - 2025-26

1	2	3	4	5	6
Student(s) Primary Household	Parent/Guardian	Emergency Contact	Non-Enrolled Household Member	Student	Completed
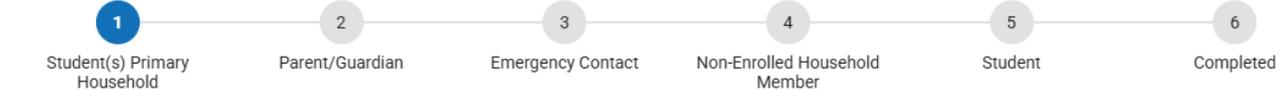
* Indicates a required field

✓ **Home phone**   —

This phone number will be used for Emergency calls from the District.

Home Phone *

Next >

Ingrese su número de teléfono fijo. Este número se usará para llamadas de emergencia en todo el edificio o distrito. Luego, haga clic en Siguiente.

Home Address   +

Mailing Address   +

Save/Continue

1	2	3	4	5	6
Student(s) Primary Household	Parent/Guardian	Emergency Contact	Non-Enrolled Household Member	Student	Completed

* Indicates a required field

✓ Home phone   +

◉ Home Address   —

Your address as listed in the portal

[redacted]

Is this address current? *

[▾]

[‹ Previous] [Next ›]

Verifique que su domicilio sea correcto. Responda la pregunta correctamente. Ingrese su dirección actual y haga clic en Siguiente.

Mailing Address   +

[Save/Continue]

1	2	3	4	5	6
Student(s) Primary Household	Parent/Guardian	Emergency Contact	Non-Enrolled Household Member	Student	Completed

* Indicates a required field

✓ Home phone   +

✓ Home Address

✓ Mailing Address

Does this household receive mail at a different address? *

[No ▾]

[‹ Previous]

Verifique que su dirección postal coincida con su domicilio. De lo contrario, responda la pregunta correctamente. Guardar/Continuar.

[Save/Continue]

Parent/Guardian

FULL NAME	RECORD TYPE	COMPLETED	
▨▨▨ ▨▨▨▨	Existing	INCOMPLETE	›
▨▨▨▨	Existing	INCOMPLETE	›

In order to help prevent the creation of duplicate records, please do not create new records in this section for the following pe...

FULL NAME		
▨▨▨▨	Already in	
▨▨▨▨	Already in	
▨▨▨▨	Alre	
▨▨▨▨	Alre	

> **Haga clic en el nombre completo de cada padre/tutor resaltado en amarillo y complete los siguientes cuatro pasos para cada uno.**

Add New Legal Parent/Guardian

Please list all Legal Primary Parent/Guardian's living in your Household.
Do not list a Parent/Guardian not living in your household.

[‹ Back] [Save/Continue]

Parent/Guardian Name: ▨▨▨▨

⊘ Demographics

Below is the information we have on record for you. For changes, please contact census@district196.org

First Name *

Middle Name

Last Name *

Suffix

Birth Date

MM/DD/YYYY

Gender *

Female

Primary Language

English

Does this person live at the address listed below? *

Yes

> **Verifique la información demográfica de los padres. Si necesita realizar cambios que no puede, haga clic en el enlace del correo electrónico para enviar un mensaje indicando los cambios necesarios. Haga clic en Siguiente.**

[Next ›]

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* Indicates a required field

Parent/Guardian Name: ▓▓▓▓▓

✅ Demographics   +

🔵 Contact Information   −

> At least one Phone Number is required.

Update / Review the contact information for this parent/guardian. Check the Contact Preferences box for message types you want to receive via Email.

Cell Phone
[▓▓▓▓]

Work Phone
[▓▓▓▓]

Other Phone
[(___)___-___x_____]

Email
[▓▓▓▓▓▓]

Contact Preferences		
EMERGENCY	**GENERAL**	**TEACHER**
☑	☑	☑

Secondary Email
[   ]

Preferred Language
What is your preferred language for school communications pertaining to your child's education?

En que idioma prefiere recibir información escolar acerca de la educación de su estudiante?

Waa maxay luqada aad rabtid in iskuulku kugula soo xiriiro ee ku saabsan waxbarashada ilmahaaga?
*
[▼]

Description of Contact Preferences
Emergency - Marking this checkbox will use this method of contact for emergency messages
General - Marking this checkbox will use this method of contact for general school messages, s▓
Teacher - Marking this checkbox will use this method of contact for teacher-sent messages, inc▓

[‹ Previous]   [Next ›]

> Verificar/añadir números de teléfono/correos electrónicos. Seleccione las opciones anteriores para los tipos de notificaciones que desea recibir por correo electrónico. Ingrese su idioma preferido. Haga clic en Siguiente.

---

* Indicates a required field

Parent/Guardian Name: ▓▓▓▓▓

✅ Demographics   +

✅ Contact Information   +

🔵 Seasonal Employment   −

Has this person, within the past 36 months, relocated with the intent to obtain seasonal or temporary employment in agriculture, fishing, and dairy or food processing work?
*
◯ Yes
◯ No

[‹ Previous]   [Next ›]

> Seleccione la opción adecuada y luego haga clic en Siguiente.

Military Connections   +

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① ✓ — Student(s) Primary Household
② ! — Parent/Guardian
③ — Emergency Contact
④ — Non-Enrolled Household Member
⑤ — Student
⑥ — Completed

* Indicates a required field

Parent/Guardian Name: ▆▆▆▆ ▆

- ✅ Demographics   +
- ✅ Contact Information   +
- ✅ Seasonal Employment   +
- 🔵 Military Connections   −

Federal Impact Aid (FIA) Section 8003 Grant Information.

Parent/Guardian in Military

*
- ◯ Yes, this individual is a member of the military
- ◯ No, this individual is not a member of the military

[< Previous]

[Cancel] [**Save/Continue**]

> **Elija la opción adecuada y luego haga clic en Guardar/Continuar.**

---

① ✓ — Student(s) Primary Household
② 2 — Parent/Guardian
③ — Emergency Contact
④ — Non-Enrolled Household Member
⑤ — Student
⑥ — Completed

* Indicates a required field

Parent/Guardian

FULL NAME	RECORD TYPE	COMPLETED	
▆▆▆▆	Existing	COMPLETED	>
▆▆▆	Existing	COMPLETED	>

In order to help prevent the creation of duplicate records, please do not create new records in this section for the following people:

FULL NAME	REASON
▆▆	Already in this app...
▆▆▆	Already in this app...
▆▆	Already in th...
▆▆	Already in th...

[Add New Legal Parent/Guardian]

Please list all Legal Primary Parent/Guardian's living in your Household.
Do not list a Parent/Guardian not living in your household.

[< Back] [**Save/Continue**]

> **Cuando todos los padres/tutores enumerados muestren que han completado el proceso, haga clic en Guardar/Continuar.**

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Emergency Contact

FULL NAME	RECORD TYPE	COMPLETED	
░░░░░	Existing	INCOMPLETE	›
░░░░░	Existing	INCOMPLETE	›

In order to help prevent the creation of duplicate records, please do not create new records in this...

FULL NAME		
░░░░░░		Alread...
░░░░░		Alread...
░░░░░		A...
░░░░░		A...

Add New Emergency Contact

In AN EMERGENCY, if parent/guardian cannot be contacted, please call one of the following Eme... ...dent is released to emergency contacts.

‹ Back   **Save/Continue**

> Actualice o revise los contactos de emergencia resaltados en amarillo haciendo clic en "Nombre completo". Para agregar un contacto de emergencia, haga clic en "Agregar nuevo contacto de emergencia" o en "Guardar/Continuar" si no desea agregar uno y omitir los siguientes cuatro pasos.

Contact Name: ░░░░░

✓ Demographics —

Please complete the following information for each emergency contact for your students.

First Name *
░░░

Middle Name

Last Name *
░░░

Suffix
[▼]

Gender *
[░ ▼]

Is this person still an emergency contact for at least one student in this household? *
[Yes]

Next ›

> Ingrese/revise la información solicitada y haga clic en Siguiente.

* Indicates a required field

Contact Name:

✓ Demographics   +

✓ Contact Information   −

Enter the contact information for this emergency contact.

| At least one Phone Number is required. |

Home Phone

Cell Phone

(___)___-____

Work Phone

(___)___-___x_____

Email

[< Previous] [Next >]

Ingrese o revise la información solicitada. Ingrese al menos un número de teléfono y haga clic en Siguiente.

* Indicates a required field

Contact Name:

✓ Demographics   +

✓ Contact Information   +

✓ Verification

Please enter the address for this emergency contact. This information will only be used to verify the contact

Does this emergency contact live at the address below? *

No ▼

Address Line 1

Address Line 2

Example
Address Line 1 - 123 S Main St Apt 4
Address Line 2 - Schenectady, NY 12345

[< Previous]

[Cancel] [**Save/Continue**]

Ingrese/revise la dirección de este contacto de emergencia o seleccione la respuesta correcta si vive en la misma dirección que se muestra, luego haga clic en Guardar/Continuar.

Emergency Contact

FULL NAME	RECORD TYPE	COMPLETED	
░░░░░░░	Existing	COMPLETED	>
░░░░░░░	Existing	COMPLETED	>

In order to help prevent the creation of duplicate records, please do not create new records in this section for the following people:

FULL NAME	REASON
░░░░░░░	Already in this application as a Parent/Guardian
░░░░░░░	Alread...
░░░░░░░	Al...
░░░░░░░	Al...

Add New Emergency Contact

In AN EMERGENCY, if parent/guardian cannot be contacted, please call one of the following Emergency Contacts listed. Proper identification will be required before a student is released to emergency contacts.

< Back   Save/Continue

> Una vez completados todos los contactos de emergencia, haga clic en Guardar/Continuar.

Non-Enrolled Household Member

FULL NAME	RECORD TYPE	COMPLETED
	No records available.	

In order to help prevent the creation of duplicate records, please do not create new records in this section for the following people:

FULL NAME	REASON
░░░░░░░	Already in this ap...
░░░░░░░	Already in this ap...
░░░░░░░	Already in this appli...
░░░░░░░	Already in this appli...
░░░░░░░	Already in thi...
░░░░░░░	Already in thi...

Add New Household Member (DO NOT add students)

Please use 'Add New Household Member' link below to add a new member living in the Primary Household
DO NOT add students as they are listed / added on the Student tab.

< Back   Save/Continue

> Ingrese/revise los datos de los miembros no registrados del hogar. No ingrese a ninguna persona que figure en esta área.
>
> Haga clic en Editar/Revisar para cada persona resaltada en amarillo y complete el siguiente paso.
>
> Una vez revisada toda la lista, haga clic en Guardar/Continuar.

Student(s) Primary Household ✓ — Parent/Guardian ✓ — Emergency Contact ✓ — Non-Enrolled Household Member ✓ — Student ! — 6 Completed

* Indicates a required field

Student

FULL NAME	SCHOOL	RECORD TYPE	COMPLETED	
	Rosemount Middle School	Existing	INCOMPLETE	›
	Rosemount Elementary	Existing	INCOMPLETE	›

In order to help prevent the creation of duplicate records, please do not create new records in this section for the following people:

FULL NAME	REASON
	Alrea...
	Alrea...
	Alread...
	Alread...

Haga clic en el nombre completo del estudiante para cada niño resaltado en amarillo y complete los siguientes 9 pasos para cada uno.

Add New Student

Please include all students that need to be enrolled.

‹ Back   Save/Continue

Student(s) Primary Household ✓ — Parent/Guardian ✓ — Emergency Contact ✓ — Non-Enrolled Household Member ✓ — Student ! — 6 Completed

* Indicates a required field

Student Name:

✓ Demographics   —

Please verify the information below. For changes, please contact census@district196.org
You are able to update Nickname and Student Cell Phone on this form.

Legal First Name *

Gender *

Legal Middle Name

Birth Date *

Legal Last Name *

Suffix

Nickname

Student Cell Number
(___)___-____

Was your child born outside of the USA, Puerto Rico or U.S. Territories?

Revise los datos demográficos. ¡NO cambie el grado de inscripción! Si es necesario, envíe un correo electrónico con los cambios solicitados mediante el enlace. Para estudiantes de 11.º o 12.º grado, seleccione Sí o No en la pregunta sobre estudiantes de intercambio y luego haga clic en Siguiente.

Next ›

Student Name: ▓▓▓▓▓

✓ Demographics   +

✓ Race Ethnicity   −

Is Hispanic/Latino *

| No ▼ |

Please check all that apply. At least one is required. *

American Indian or Alaska Native
☐

Asian
☐

Black or African American
☐

Native Hawaiian or Other Pacific Islander
☐

White
☑

State Race / Ethnicity *

| Not North American I... ▼ |

[< Previous] [Next >]

> Seleccione las opciones adecuadas y luego haga clic en Siguiente.

Student Name: : ▓▓▓▓▓

✓ Demographics   +

✓ Race Ethnicity   +

✓ Relationships - Parent/Guardians   −

Please review/update Relationship and Contact Sequence.

NAME	RELATIONSHIP TO STUDENT *	GUARDIAN	MAILING	PORTAL	MESSENGER	CONTACT SEQUENCE *
▓▓▓	Mother ▼	☑	☑	☑	☑	1 ▼
▓▓▓	Father ▼	☑	☑	☑	☑	2 ▼

Description of Contact Preferences
Guardian - Marking this checkbox will flag this person as legal guardian to the student.
Mailing - Marking this checkbox will flag this person to receive mail.
Portal - Marking this checkbox will flag this person as a portal acco
Messenger - Marking this checkbox will flag this person to receive
Contact Sequence - Adding a sequence number on contacts will pr
sequence of 1.
No Relationship - Selecting this relationship will indicate that this p
person no longer has a relationship to the student. The relationship

[< Previous] [Next >]

> Seleccione las opciones adecuadas para cada padre/tutor registrado, utilizando las descripciones proporcionadas. Seleccione la secuencia de contacto con la que desea que se contacte a cada uno y haga clic en Siguiente.

---

* Indicates a required field

Student Name: : ▓▓▓▓▓

☑ Demographics
☑ Race Ethnicity
☑ Relationships - Parent/Guardians
☑ Relationships - Emergency Contacts

> Seleccione la relación adecuada para cada contacto de emergencia. Seleccione la secuencia de contactos con la que desea contactar a cada uno. Esta secuencia incluye a los padres/tutores de la pantalla anterior. Haga clic en Siguiente.

NAME	RELATIONSHIP TO STUDENT *	CONTACT SEQUENCE *
▓▓	Grandparent	4
▓▓▓	Grandparent	3

Description of Contact Preferences
Contact Sequence - Adding a sequence number on contacts will prompt district staff to contact these persons in the order that you specify. Parent/Guardians should start with a sequence of 1.
No Relationship - Marking this checkbox will indicate that this person does not share a relationship to the student. By checking this checkbox you are indicating that this person no longer has a relationship to the student. The relationship will be ended if one exists.

[< Previous] [Next >]

---

* Indicates a required field

Student Name: : ▓▓▓▓

☑ Demographics   +
☑ Race Ethnicity   +
☑ Relationships - Parent/Guardians   +
☑ Relationships - Emergency Contacts   +
☑ Relationships - Other Household   −

> Seleccione la relación apropiada para cada uno de los demás miembros del hogar enumerados (si corresponde) y luego haga clic en Siguiente.

NAME	RELATIONSHIP TO STUDENT *
▓▓	Sibling

Description of Contact Preferences
No Relationship - Marking this checkbox will indicate that this person does not share a relationship to the student. By checking this checkbox you are indicating that this person no longer has a relationship to the student. The relationship will be ended if one exists.

[< Previous] [Next >]

* Indicates a required field

Student Name: : ▓▓▓▓▓

✔ Demographics	+
✔ Race Ethnicity	+
✔ Relationships - Parent/Guardians	+
✔ Relationships - Emergency Contacts	+
✔ Relationships - Other Household	+
✔ Health Conditions / Medications	−

Please contact your child's school nurse directly if:
Your child has any new health conditions or changes to existing health conditions AND/OR
Your child will need medication or procedures administered at school

A list of school health office phone numbers can be found at www.district196.org/services/health-services
The link above will open a new tab in your browser. Please navigate back to this window to continue.

[< Previous] [Next >]

> Si es necesario, contacta con la escuela de tu estudiante.
>
> Haz clic en Siguiente.

---

* Indicates a required field

Student Name: : ▓▓▓▓▓

✔ Demographics	+
✔ Race Ethnicity	+
✔ Relationships - Parent/Guardians	+
✔ Relationships - Emergency Contacts	+
✔ Relationships - Other Household	+
✔ Health Conditions / Medications	+
◉ Student Self-Carry of Medication Authorization	−

1. My child has my permission to self-carry and self-administer Emergency Medications. *

[▾]

2. My child has my permission to self-carry and self-administer Nonprescription Pain Medications. *

[▾]

[< Previous] [Next >]

> Indique si permite que su estudiante lleve consigo medicamentos respondiendo Sí o No en el menú desplegable. Haga clic en Siguiente.

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* Indicates a required field

Student Name: : ▇▇▇▇▇▇

- ✅ Demographics
- ✅ Race Ethnicity
- ✅ Relationships - Parent/Guardians
- ✅ Relationships - Emergency Contacts
- ✅ Relationships - Other Household
- ✅ Health Conditions / Medications
- ✅ Student Self-Carry of Medication Authorization
- 🔵 Release Agreements

Instructional Release Agreement - To review the Instructional Release Agreement , please click here

My child has permission to participate in photographed, audiotaped or videotaped math and literacy projects *

[dropdown ▼]

iPad Student User Agreement - To review the iPad Student User Agreement, please click here

By clicking this box, I acknowledge that I have reviewed the iPad Student User Agreement.
NOTE: This does NOT sign you up for the Optional Protection Plan! To sign up for the Optional Protection Plan, click here *

☐

< Previous   Next >

> En la lista desplegable, seleccione Sí o No para otorgar permiso a este niño para cada elemento de la lista (haga clic en el enlace para revisarlo).
>
> Haga clic en Siguiente.

🔵 **Student Digital Access Survey**   −

Thank you for participating in the Student Digital Access Survey. This survey collects information on student access to the Internet and electronic devices used for schoolwork in the student's home. Independent School District 196 may use this information to identify students that could benefit from additional supports to make sure they can access learning opportunities outside the classroom or school building. It is important that we gather accurate information from every student so that each student and family has the equipment, help and support needed.

The information you provide in this survey will be reported to the Minnesota Department of Education (MDE). MDE may provide state- or school-level summary data—without personal, identifying information—to the Governor, legislators, agency staff and external partners who have established data sharing agreements and protocols. Independent School District 196 will not share your personal, identifying information provided in this survey with others without your consent.

Today's Date: (MM/DD/YYYY) *

[MM/DD/YYYY 📅]

1. What type of electronic device does the student usually use to complete homework?
(select only one) *

[dropdown ▼]

2. Is the electronic device (from question 1) provided by the school, personal or other?
*

[dropdown ▼]

3. Is the electronic device (from question 1) shared with anyone else in the home?
*

[dropdown ▼]

4. Can the student access the Internet on their electronic device at home?
*

[dropdown ▼]

5. What kind of Internet service do you have at home?
*

[dropdown ▼]

6. Can the student stream a video on their electronic device without pauses?
*

[dropdown ▼]

< Previous

Cancel   **Save/Continue**

> Responda cada pregunta obligatoria. Haga clic en Guardar/Continuar.

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Student

FULL NAME	SCHOOL	RECORD TYPE	COMPLETED	
		Existing	COMPLETED	>
		Existing	COMPLETED	>

In order to help prevent the creation of duplicate records, please do not create new records in this section for the following people:

FULL NAME	REASON
	Already in
	Already in
	Already in th
	Already in this application as an Emergency Contact

Add New Student

Please include all students that need to be enrolled.

< Back   **Save/Continue**

> Una vez que todos los niños enumerados hayan indicado que han completado el proceso, haga clic en Guardar/Continuar.

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* Indicates a required field

PLEASE NOTE: Prior to submitting your application you may verify all of the data you have entered by going back to information is not submitted until you click the Submit button above. You will receive an email notification that your

You must submit your application by clicking the following button

Back   Application Summary PDF   **Submit**

> El proceso ya está completo y puede revisarlo haciendo clic en los títulos de las secciones en la parte superior o descargando una copia en PDF. Una vez que esté satisfecho con las respuestas, haga clic en Enviar.

NOTA: Es posible que los cambios enviados requieran ser revisados por el personal del distrito, antes de que se apliquen a Infinite Campus. Agradeceremos su paciencia, mientras trabajamos con todas las solicitudes.