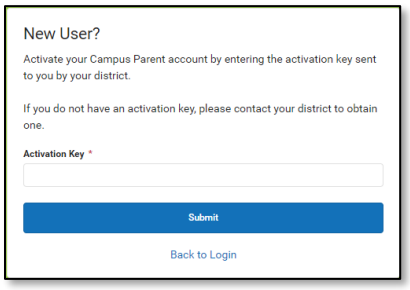
Campus Parent: First-Time Setup Process

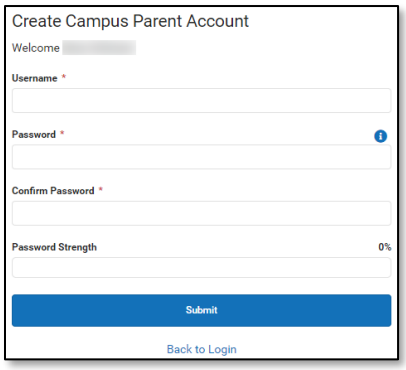
Following are the steps parents will need to complete to activate their Campus Parent account and complete the Emergency and Yearly Review process.

First Time Access: Create an Account

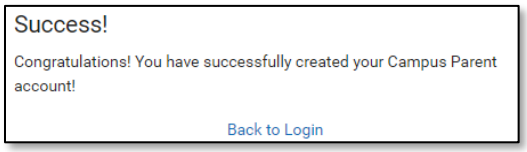
1. In a web browser (not the app), go to the following URL: **https://tinyurl.com/196ParentKey**
2. Enter the activation code provided by the school.



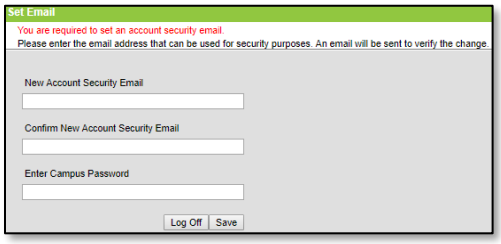
3. Choose a user name and password (Password Strength meter must reach 100%).



4. Click on the **Back to Login** link then log in using the credentials created above.

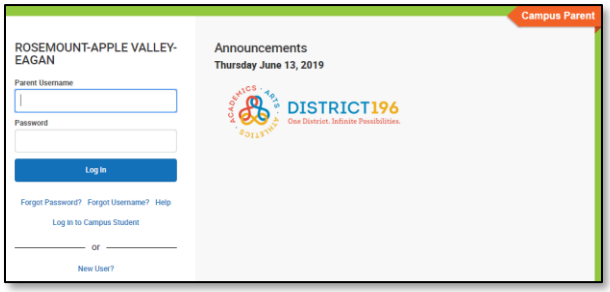


5. Align an email address to this account for password recovery, enter your new password then click **Save**.



Subsequent Access: Log In

1. In a web browser, go to the following URL: http://www.district196.org/parents and click on the **Campus Parent Login** button.
2. Enter your user name and password, and click **Log In**.



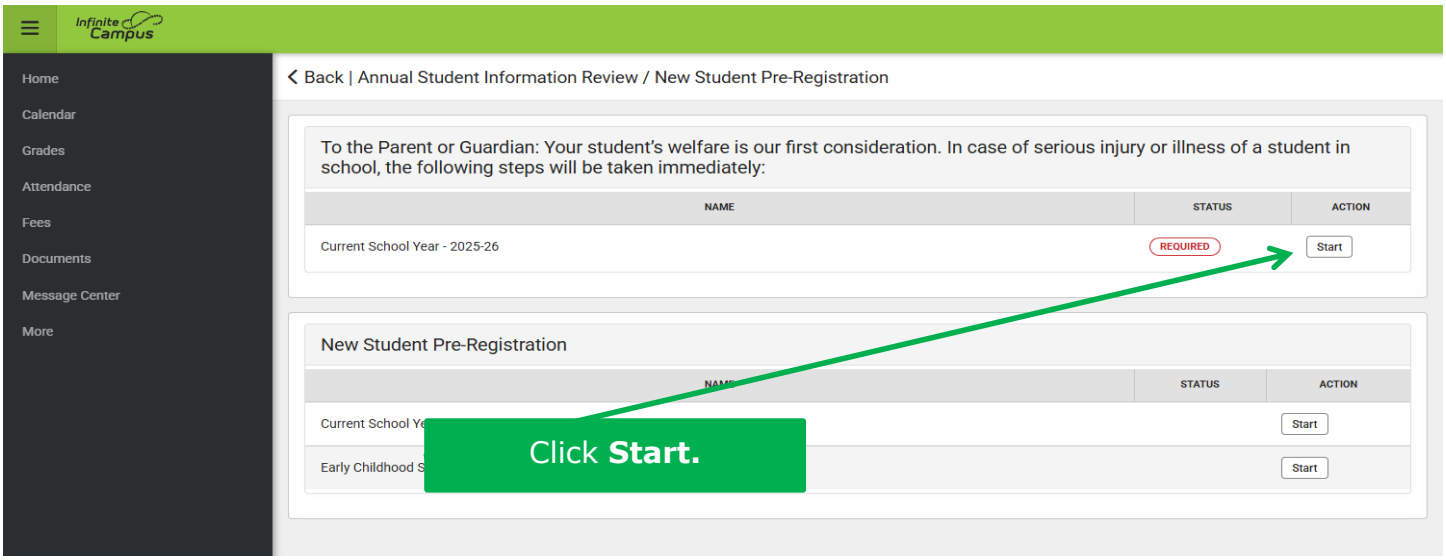
3. The first time in you will be directed to complete the annual Emergency/Health Information Review process. See following pages for instructions.

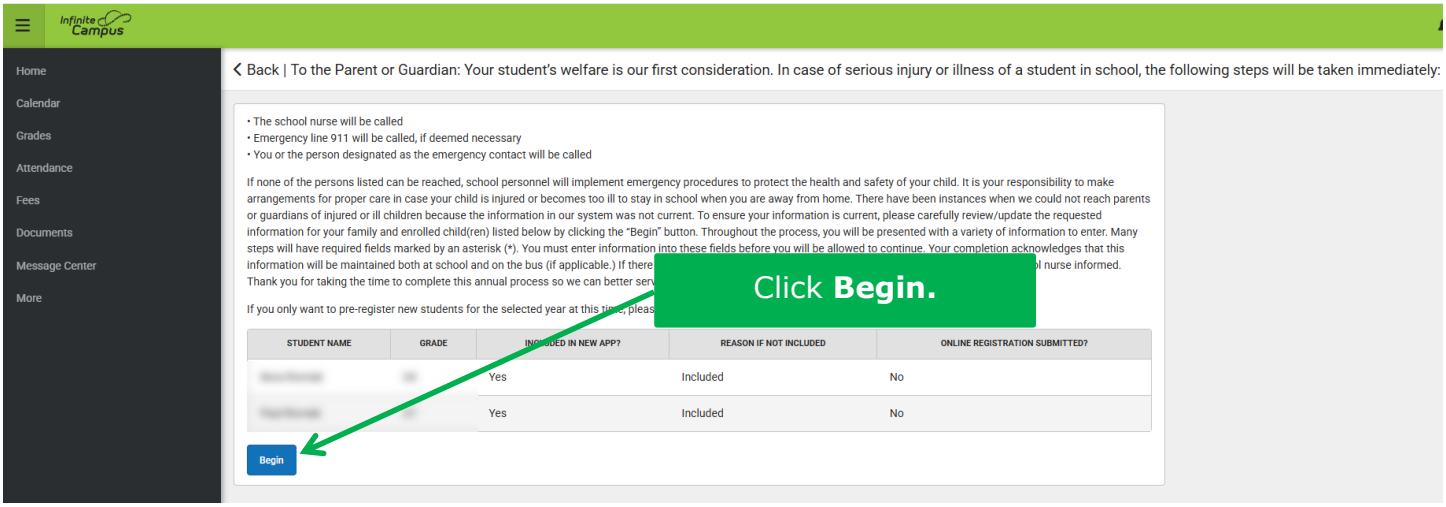
Mobile Apps: Download and Setup

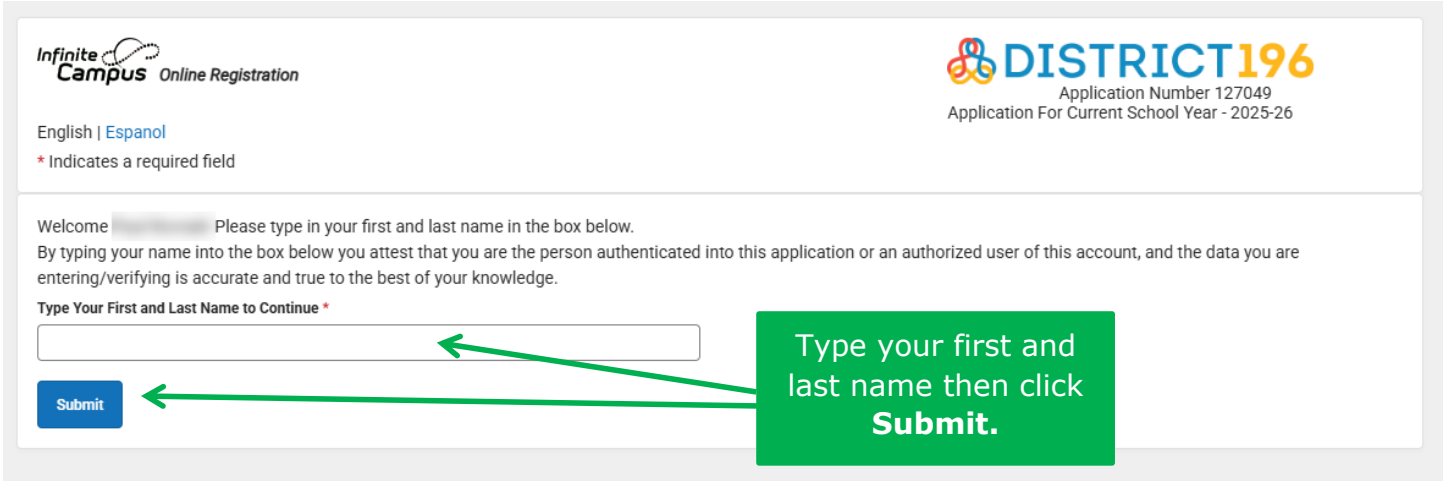
1. Once you have created your account and completed the online Emergency/Health Review process, you can download the **Campus Parent** iPhone or Android app from the iTunes Store or Google Play Store by searching for "Campus Parent" at the respective store.
2. The first time you use the app, you will be asked to enter the district name and state. Type **Rosemount** for the district name and select **Minnesota** for the state then press **Search**.
3. Select **Rosemount-Apple Valley-Eagan** from the resulting list then log in using the credentials created earlier.

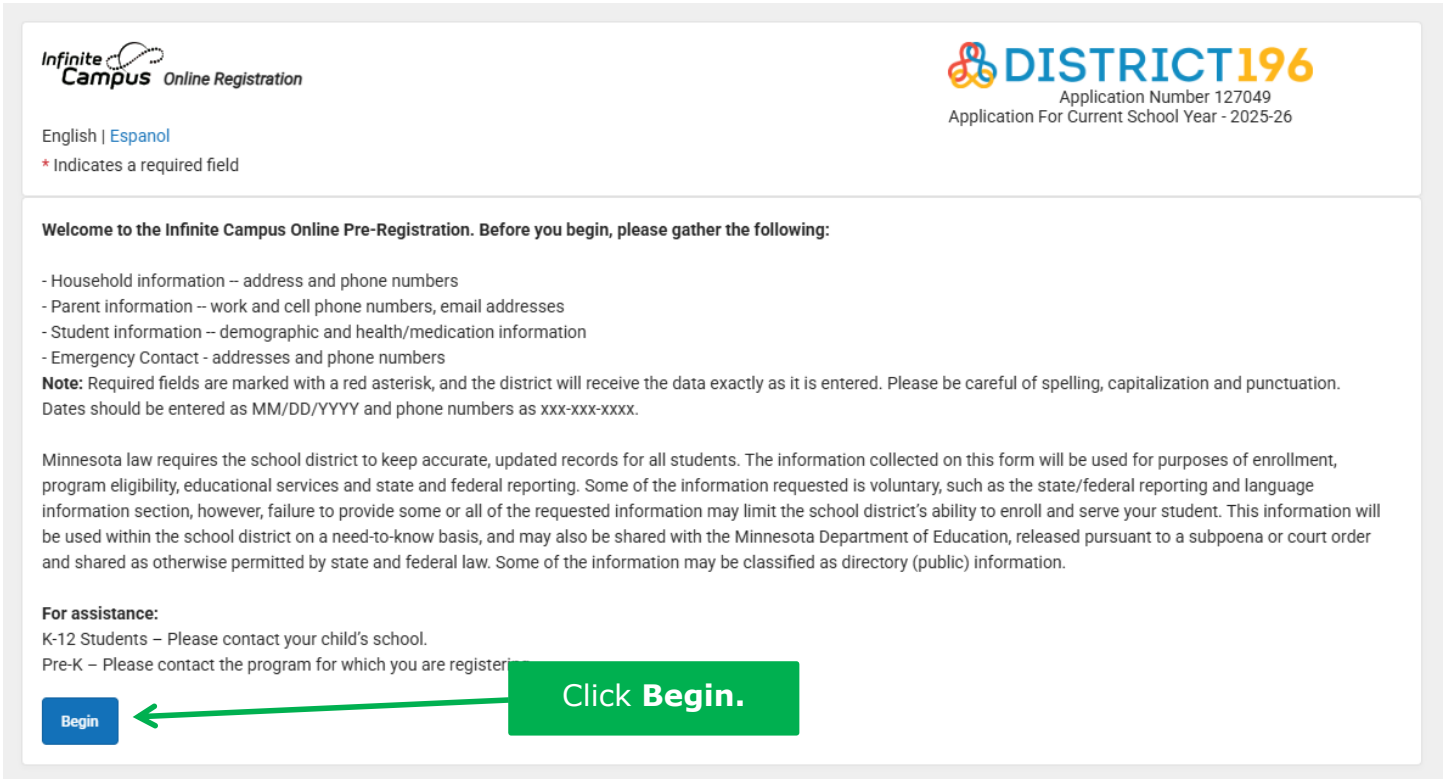
Completing the Emergency Update Process

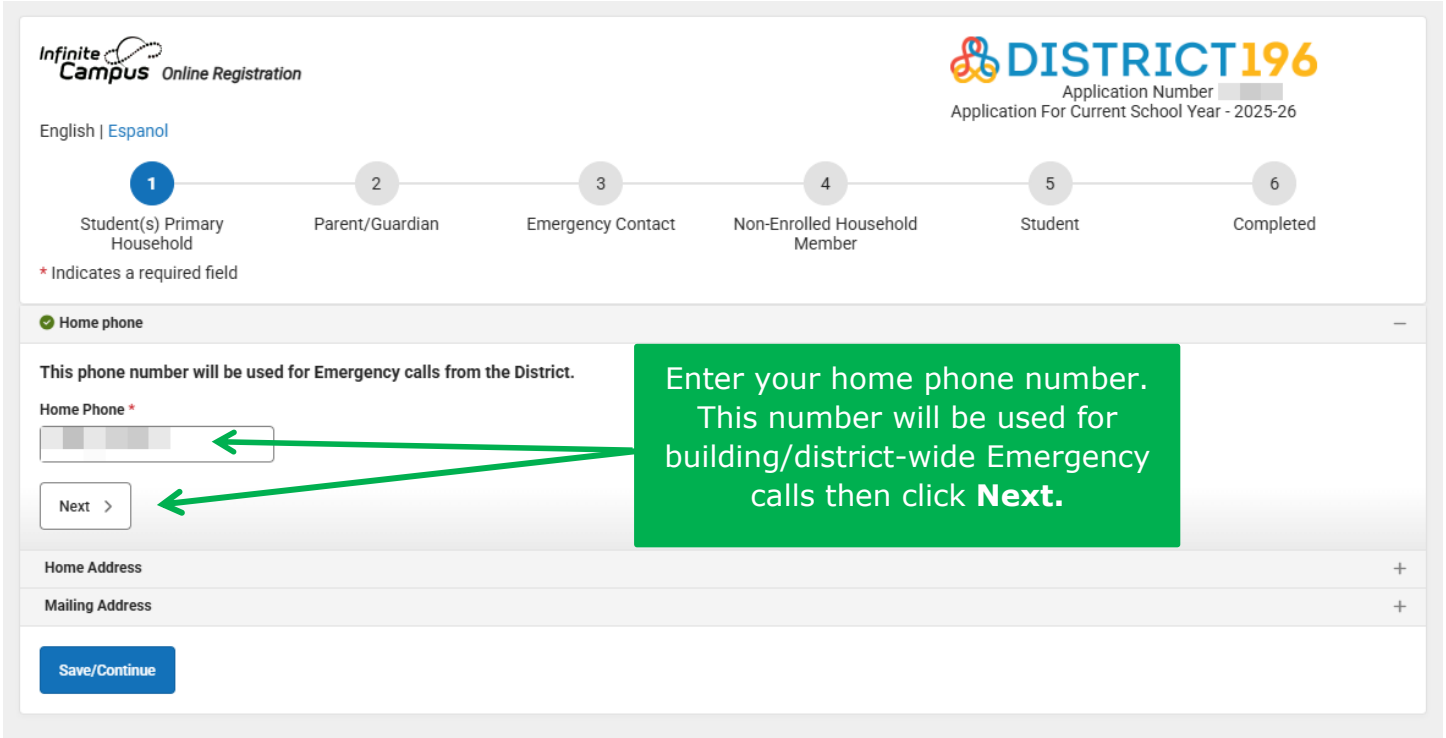
Once the Campus Parent account is created, you will need to complete the Emergency and Account Information Update process. Following are step-by-step screenshots of that process.

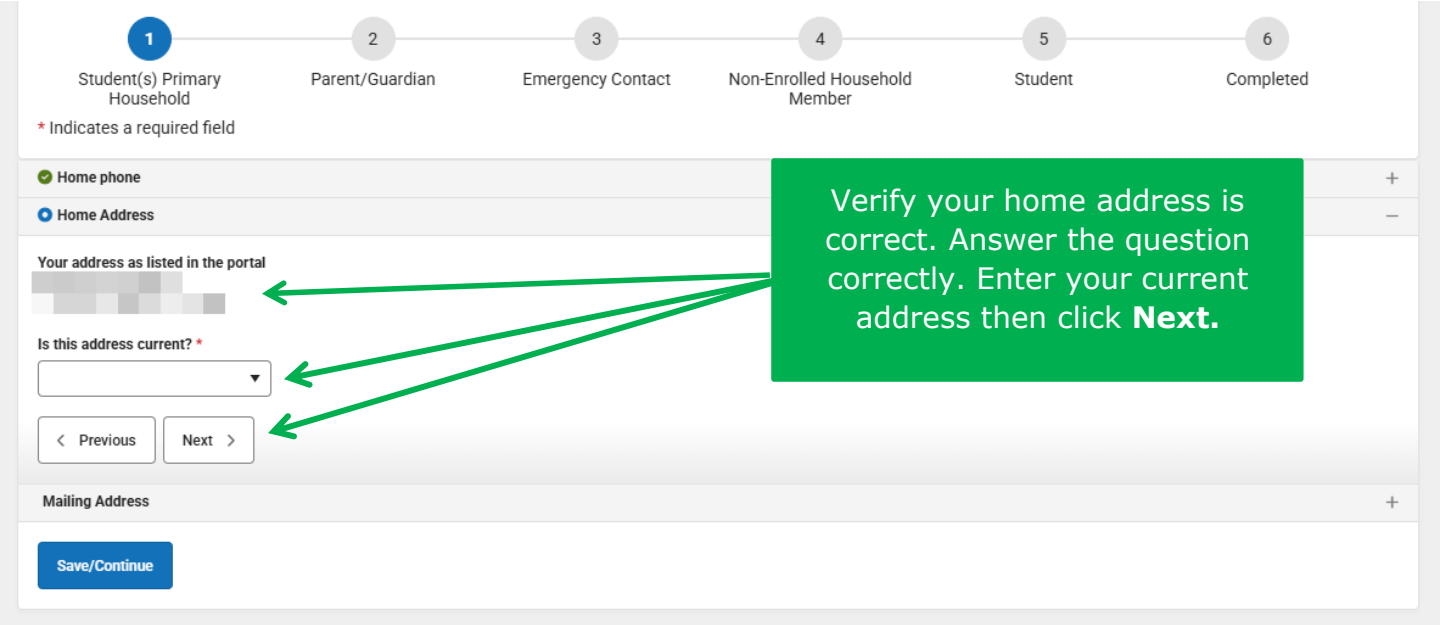


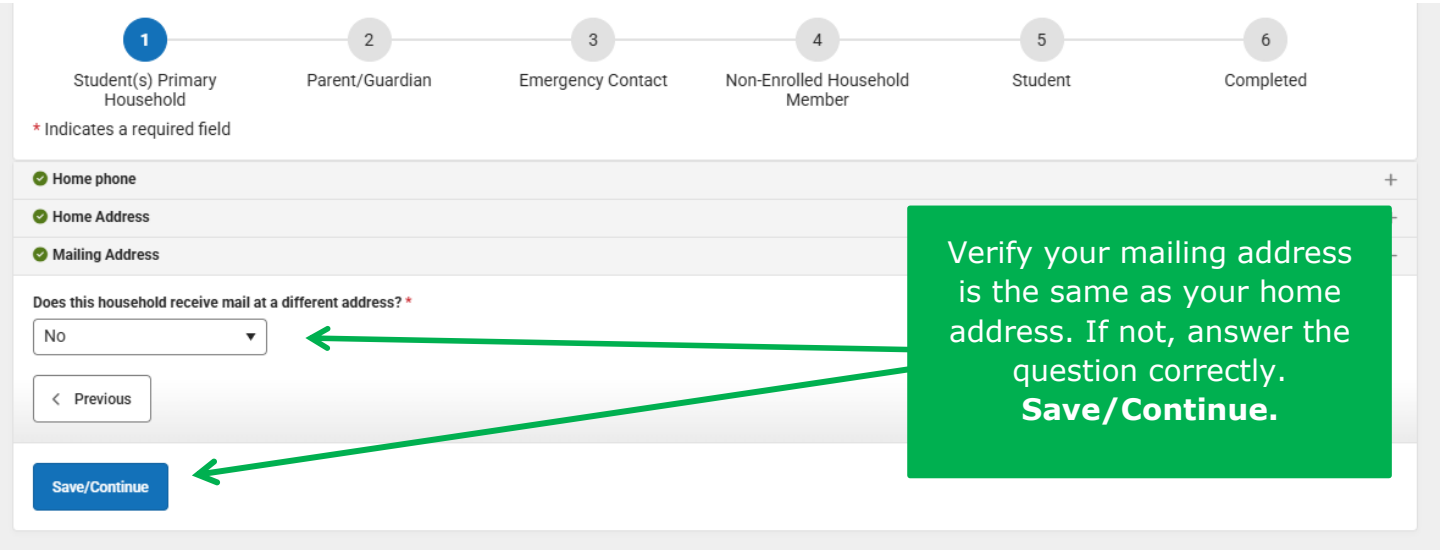


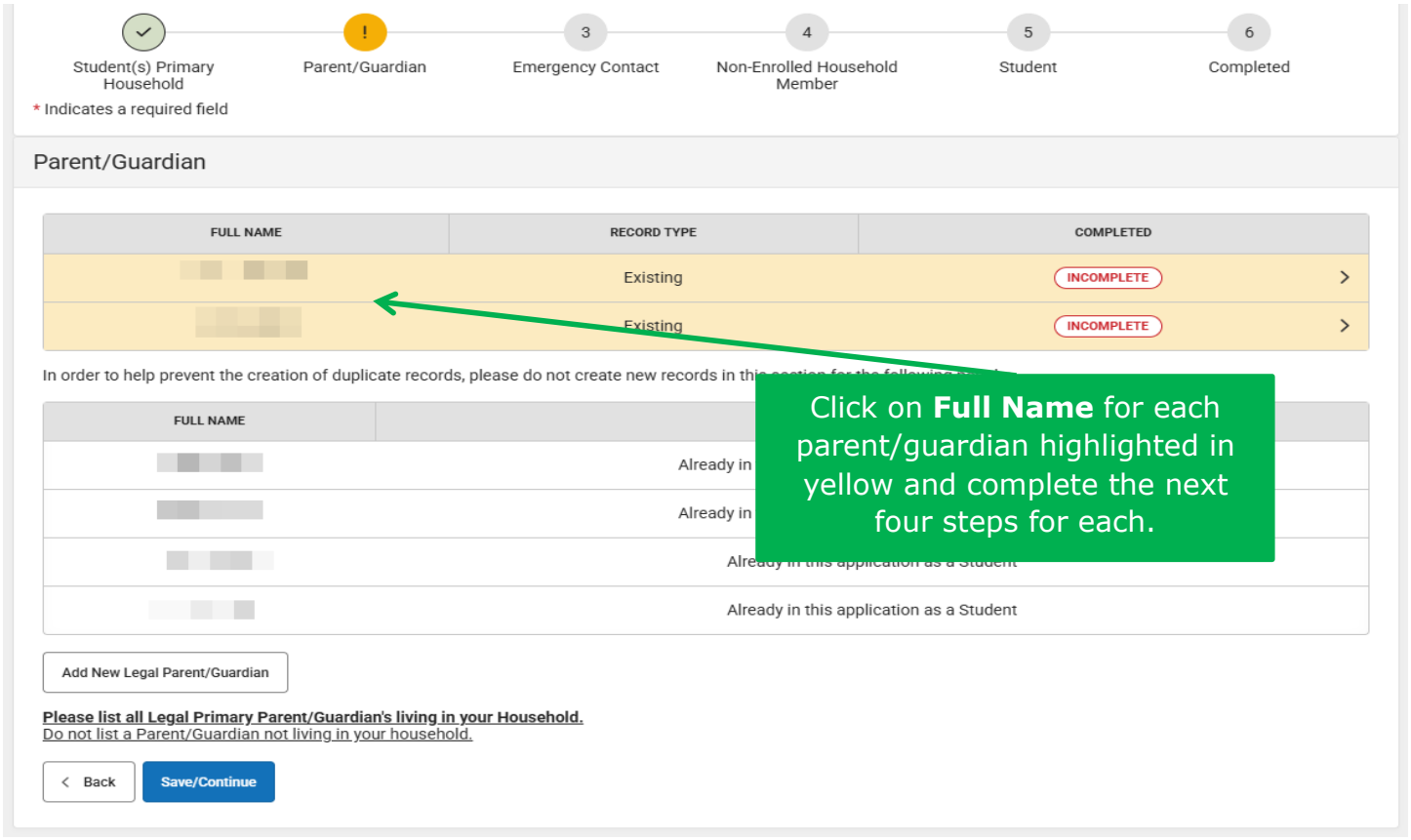


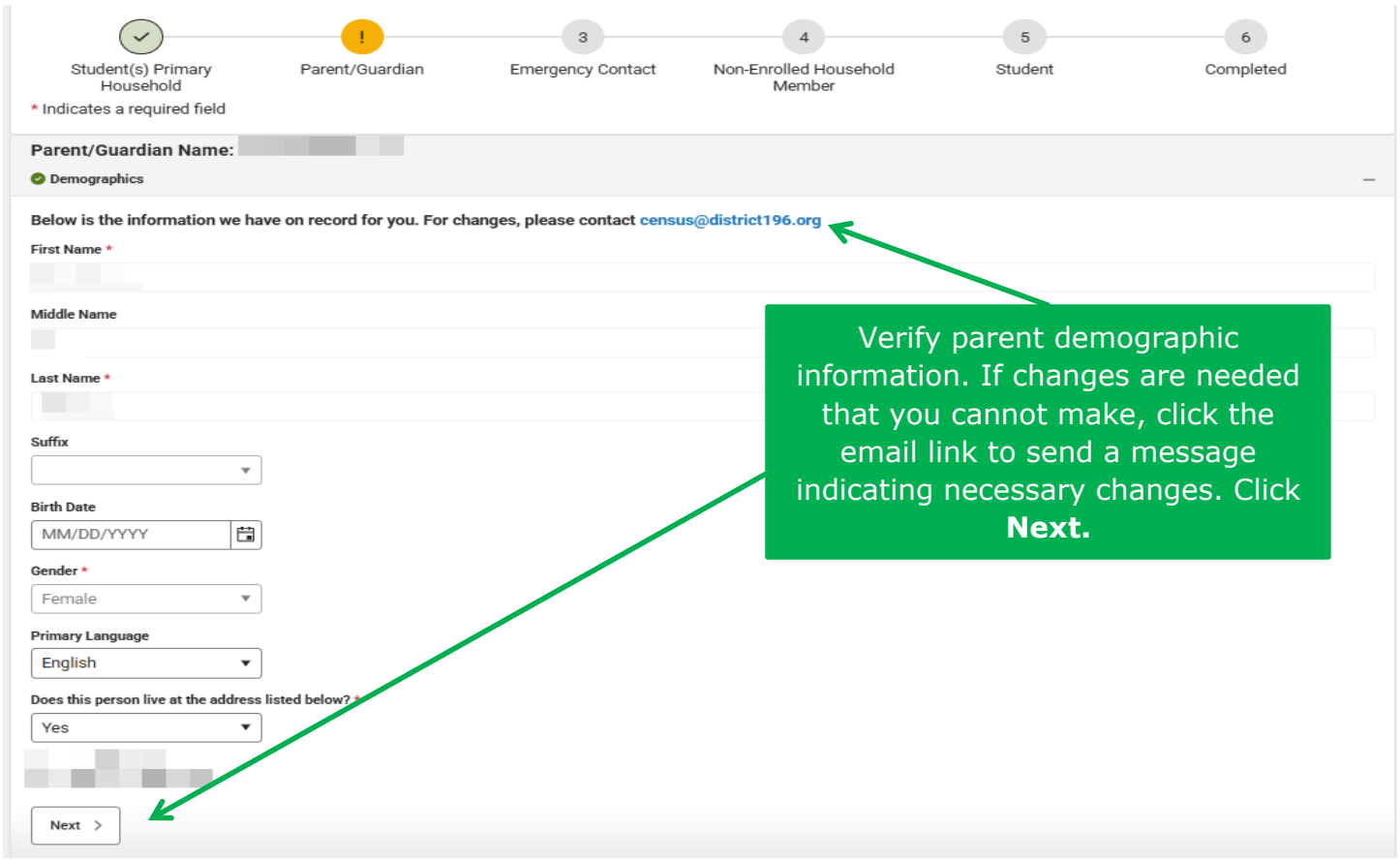

Infinite Campus Online Registration
DISTRICT196
Application Number 127049
Application For Current School Year - 2025-26
English | Espanol
* Indicates a required field
Welcome to the Infinite Campus Online Pre-Registration. Before you begin, please gather the following:
- Household information -- address 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
Begin
Click Begin.

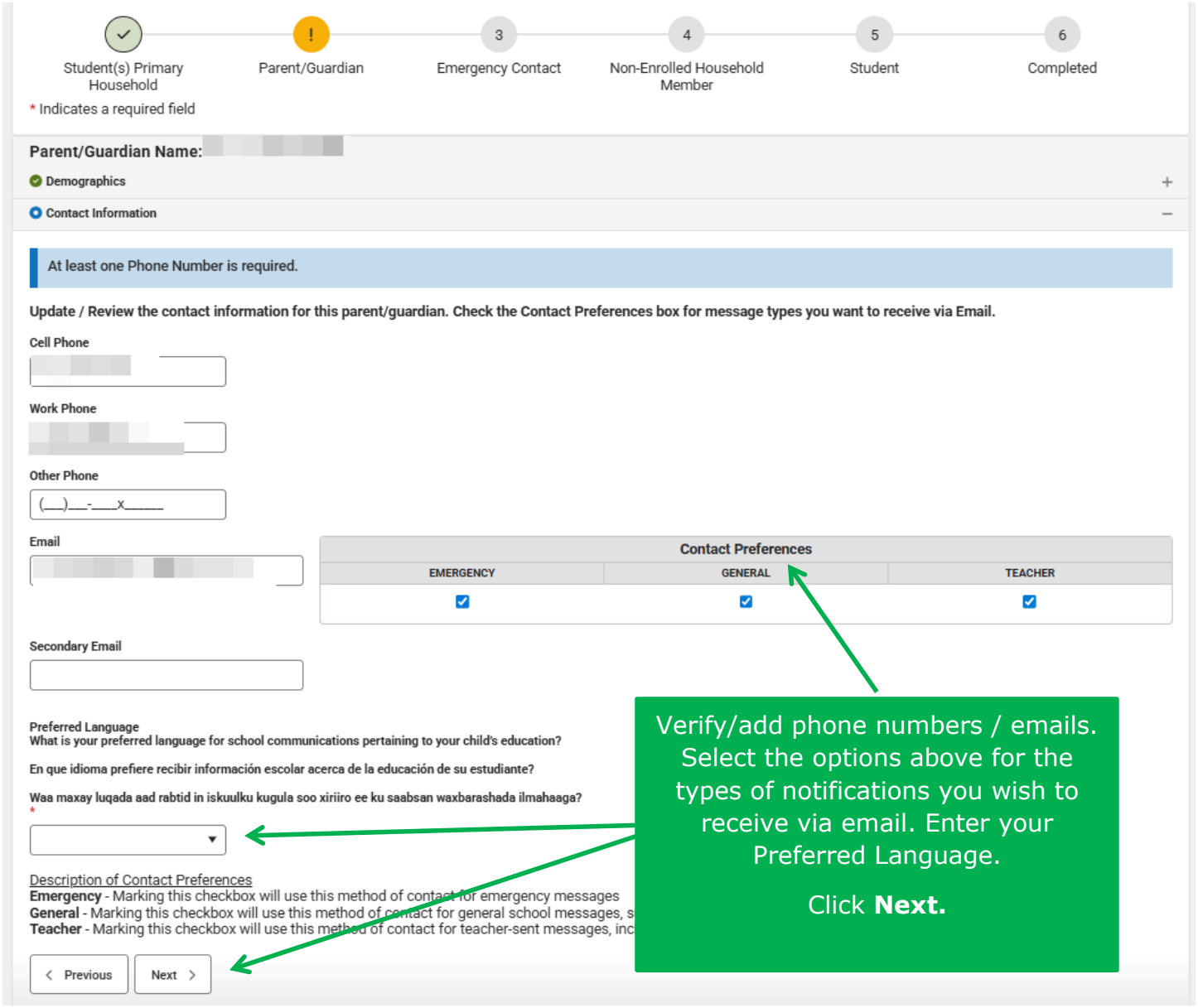

Infinite Campus Online Registration
DISTRICT196
Application Number
Application For Current School Year - 2025-26
English | Espanol
1 Student(s) Primary Household
2 Parent/Guardian
3 Emergency Contact
4 Non-Enrolled Household Member
5 Student
6 Completed
* Indicates a required field
Home phone
This phone number will be used for Emergency calls from the District.
Home Phone *
Next
Enter your home phone number. This number will be used for building/district-wide Emergency calls then click Next.
Home Address
Mailing Address
Save/Continue

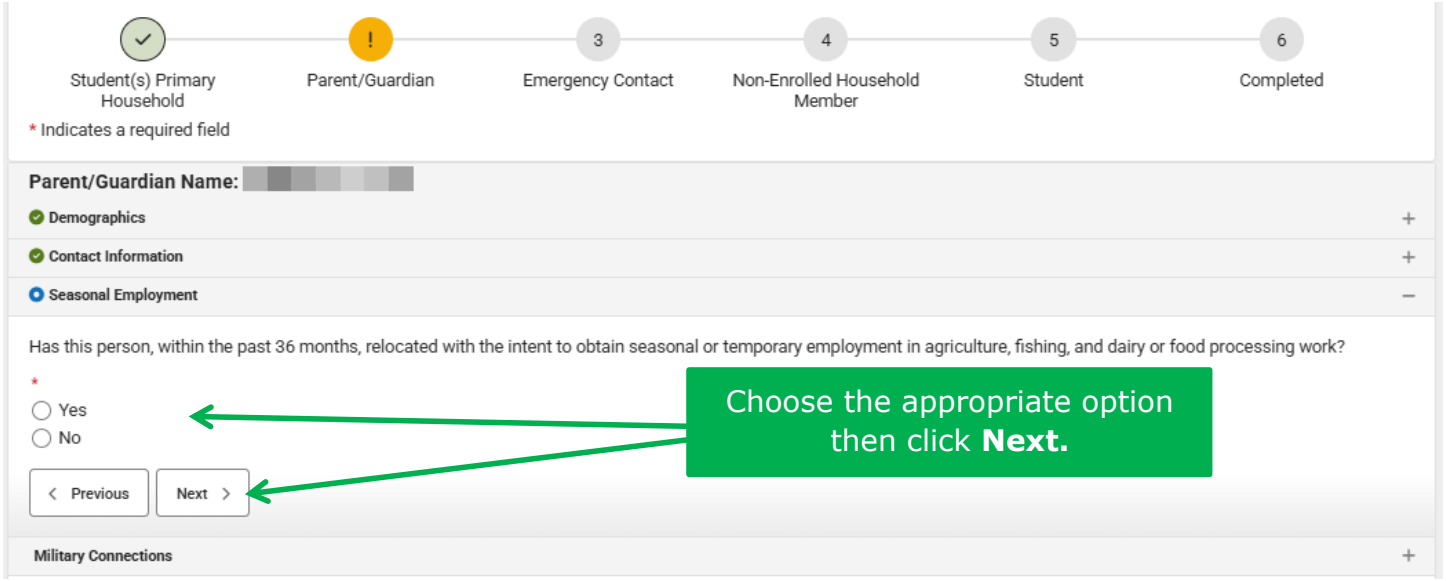

1 Student(s) Primary Household
2 Parent/Guardian
3 Emergency Contact
4 Non-Enrolled Household Member
5 Student
6 Completed
* Indicates a required field
Home phone
Home Address
Your address as listed in the portal
Is this address current? *
Previous
Next
Mailing Address
Save/Continue
Verify your home address is correct. Answer the question correctly. Enter your current address then click **Next.**

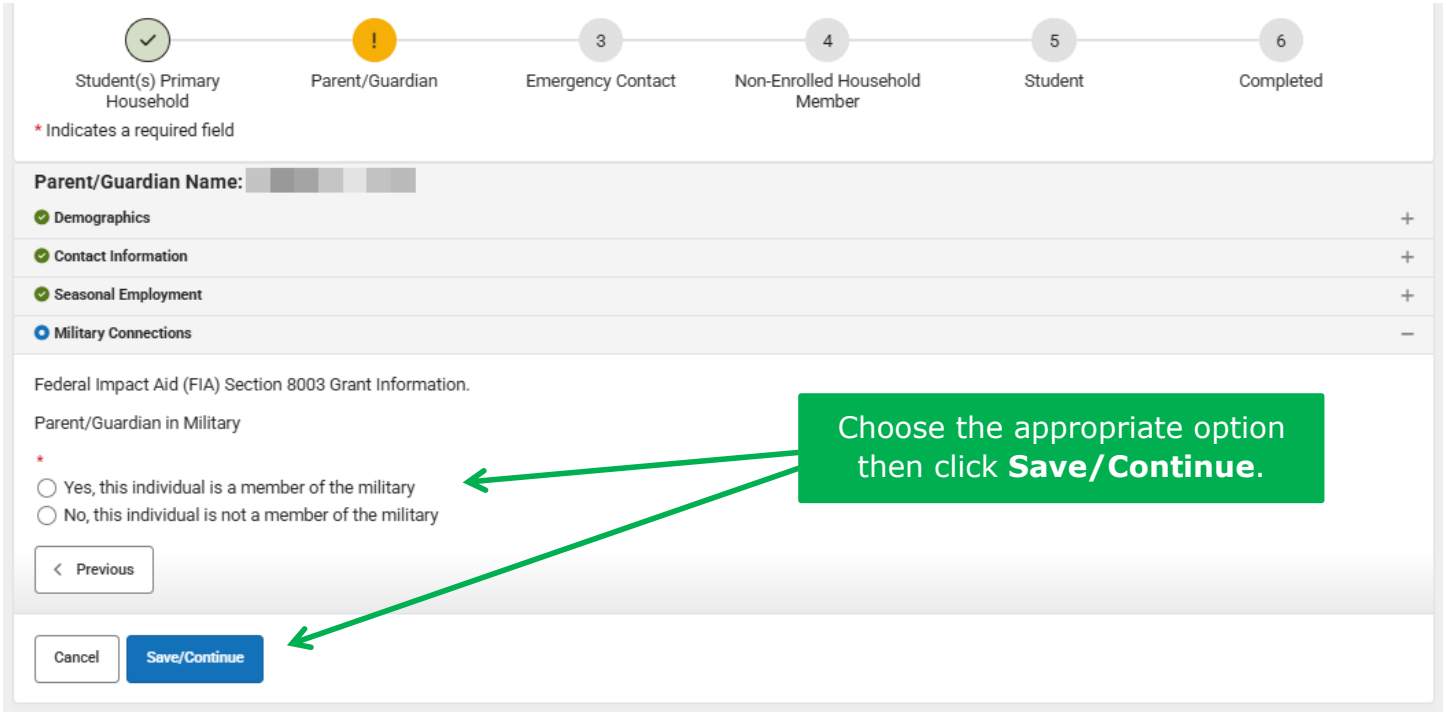

1 Student(s) Primary Household
2 Parent/Guardian
3 Emergency Contact
4 Non-Enrolled Household Member
5 Student
6 Completed
* Indicates a required field
Home phone
Home Address
Mailing Address
Does this household receive mail at a different address? *
No
Previous
Save/Continue
Verify your mailing address is the same as your home address. If not, answer the question correctly. **Save/Continue.**

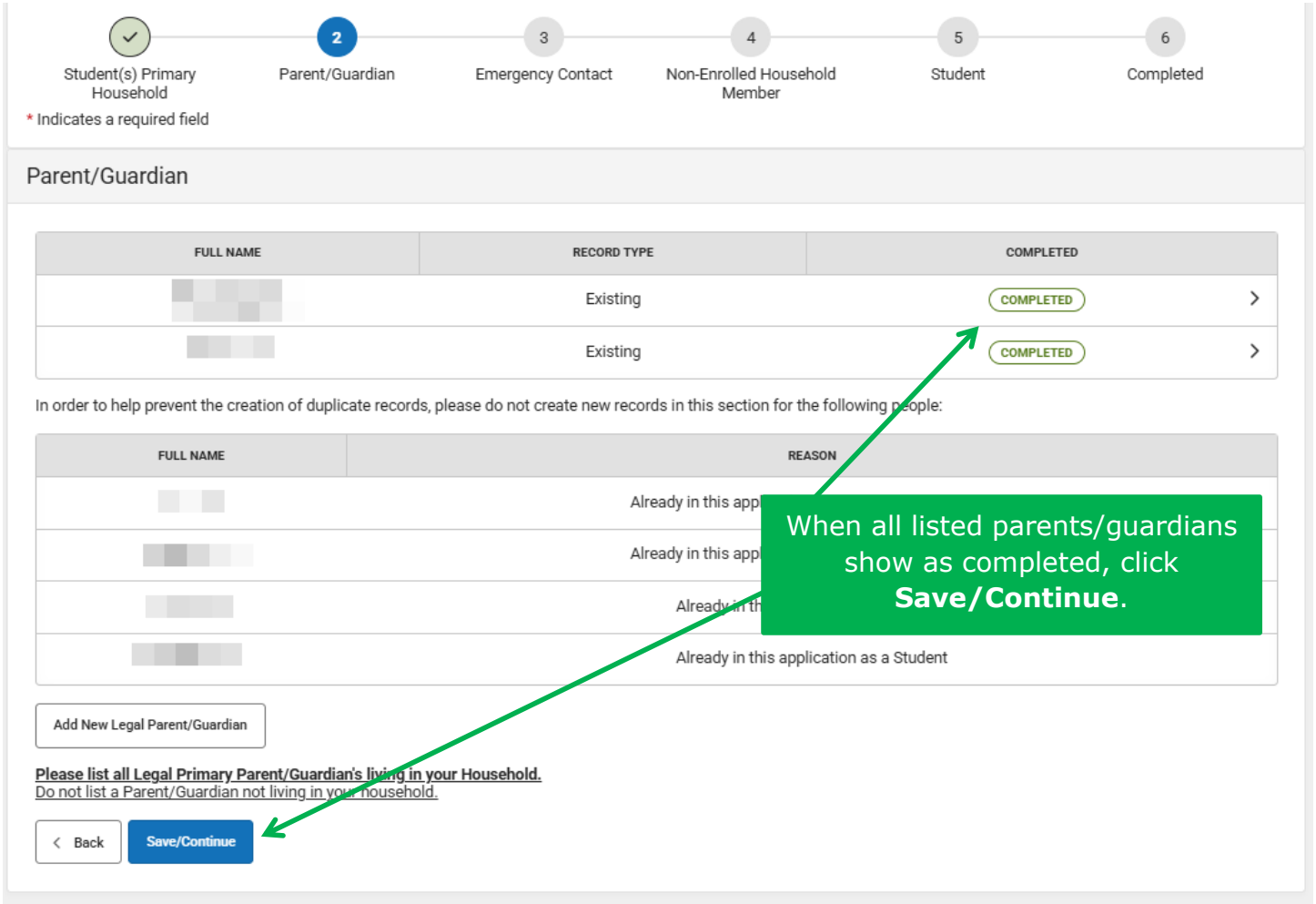

Student(s) Primary Household
Parent/Guardian
3
Emergency Contact
4
Non-Enrolled Household Member
5
Student
6
Completed
* Indicates a required field
Parent/Guardian
FULL NAME
RECORD TYPE
COMPLETED
Existing
INCOMPLETE
Existing
INCOMPLETE
In order to help prevent the creation of duplicate records, please do not create new records in this
FULL NAME
Already in
Already in
Already in this application as a Student
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
Click on Full Name for each parent/guardian highlighted in yellow and complete the next four steps for each.

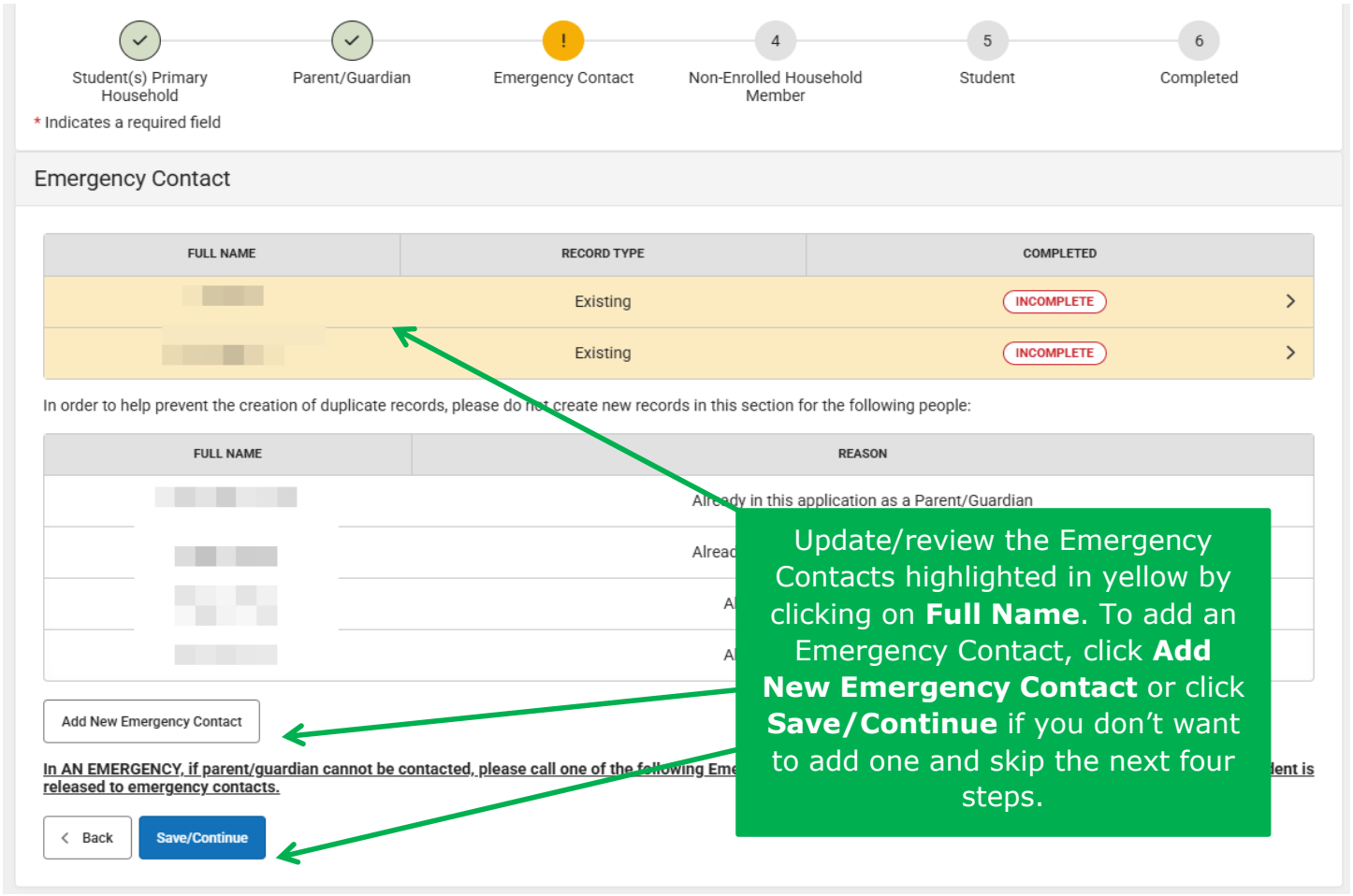

Student(s) Primary Household
Parent/Guardian
3
Emergency Contact
4
Non-Enrolled Household Member
5
Student
6
Completed
* Indicates a required field
Parent/Guardian Name:
Demographics
Below is the information we have on record for you. For changes, please contact census@district196.org
First Name *
Middle Name
Last Name *
Suffix
Birth Date
MM/DD/YYYY
Gender *
Female
Primary Language
English
Does this person live at the address listed below? *
Yes
Next
Verify parent demographic information. If changes are needed that you cannot make, click the email link to send a message indicating necessary changes. Click Next.

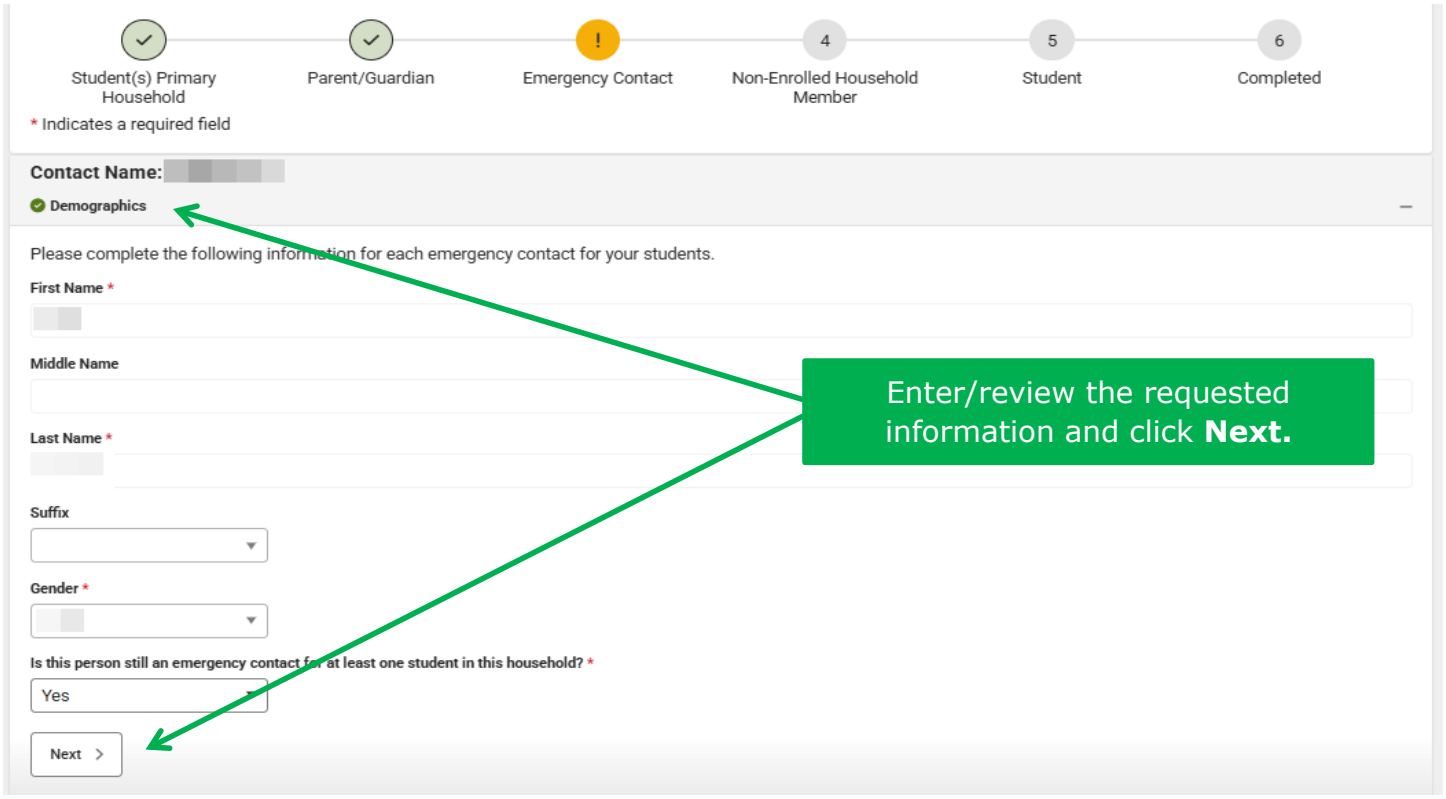

Student(s) Primary Household
Parent/Guardian
3
Emergency Contact
4
Non-Enrolled Household Member
5
Student
6
Completed
* Indicates a required field
Parent/Guardian Name:
Demographics
Contact Information
At least one Phone Number is required.
Update / Review the contact information for this parent/guardian. 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
Verify/add phone numbers / emails. Select the options above for the types of notifications you wish to receive via email. Enter your Preferred Language.
Click Next.

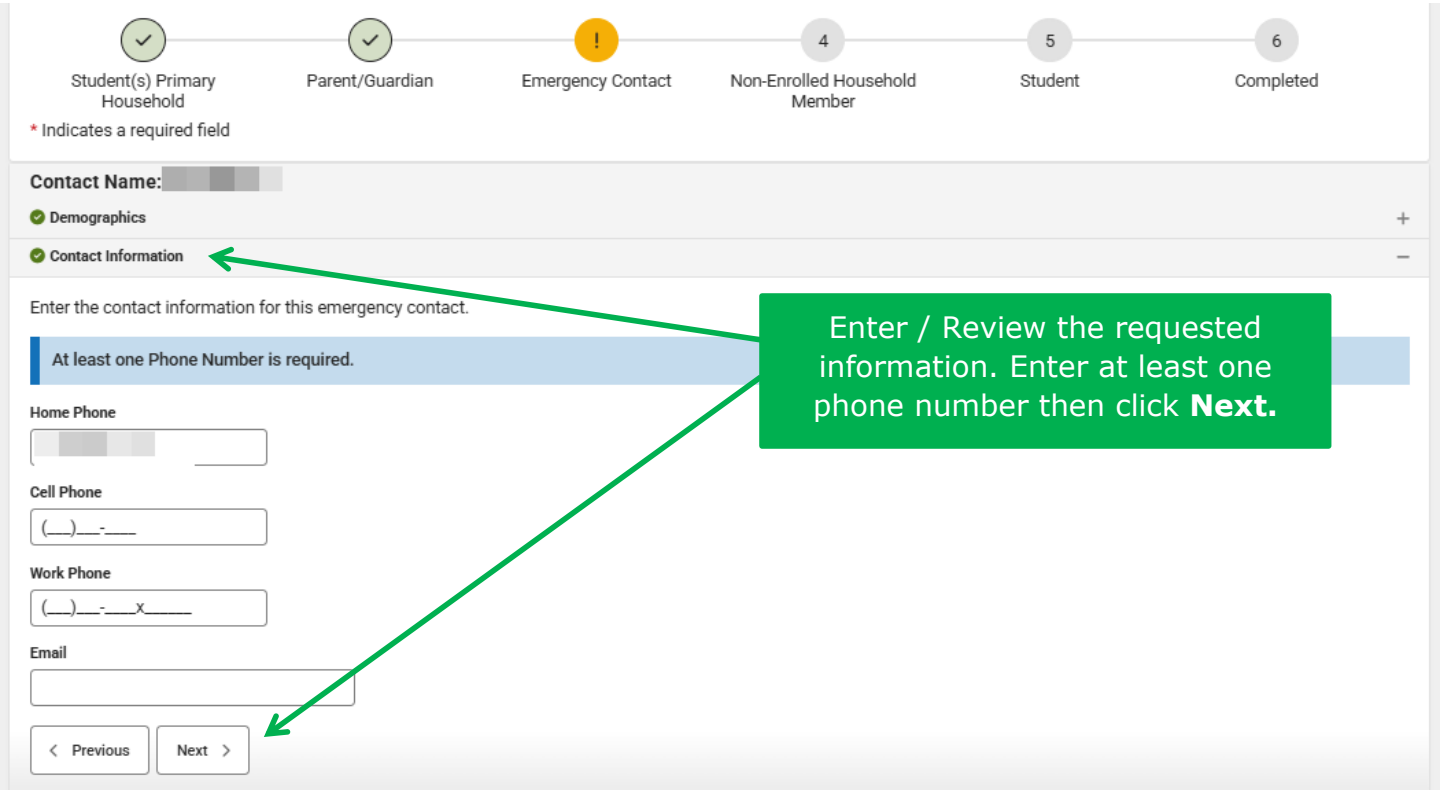

Student(s) Primary Household
Parent/Guardian
3
Emergency Contact
4
Non-Enrolled Household Member
5
Student
6
Completed
* Indicates a required field
Parent/Guardian Name:
Demographics
Contact Information
Seasonal Employment
Has this person, within the past 36 months, relocated with the intent to obtain seasonal or temporary employment in agriculture, fishing, and dairy or food processing work?
*
Yes
No
Previous
Next
Military Connections
Choose the appropriate option then click Next.

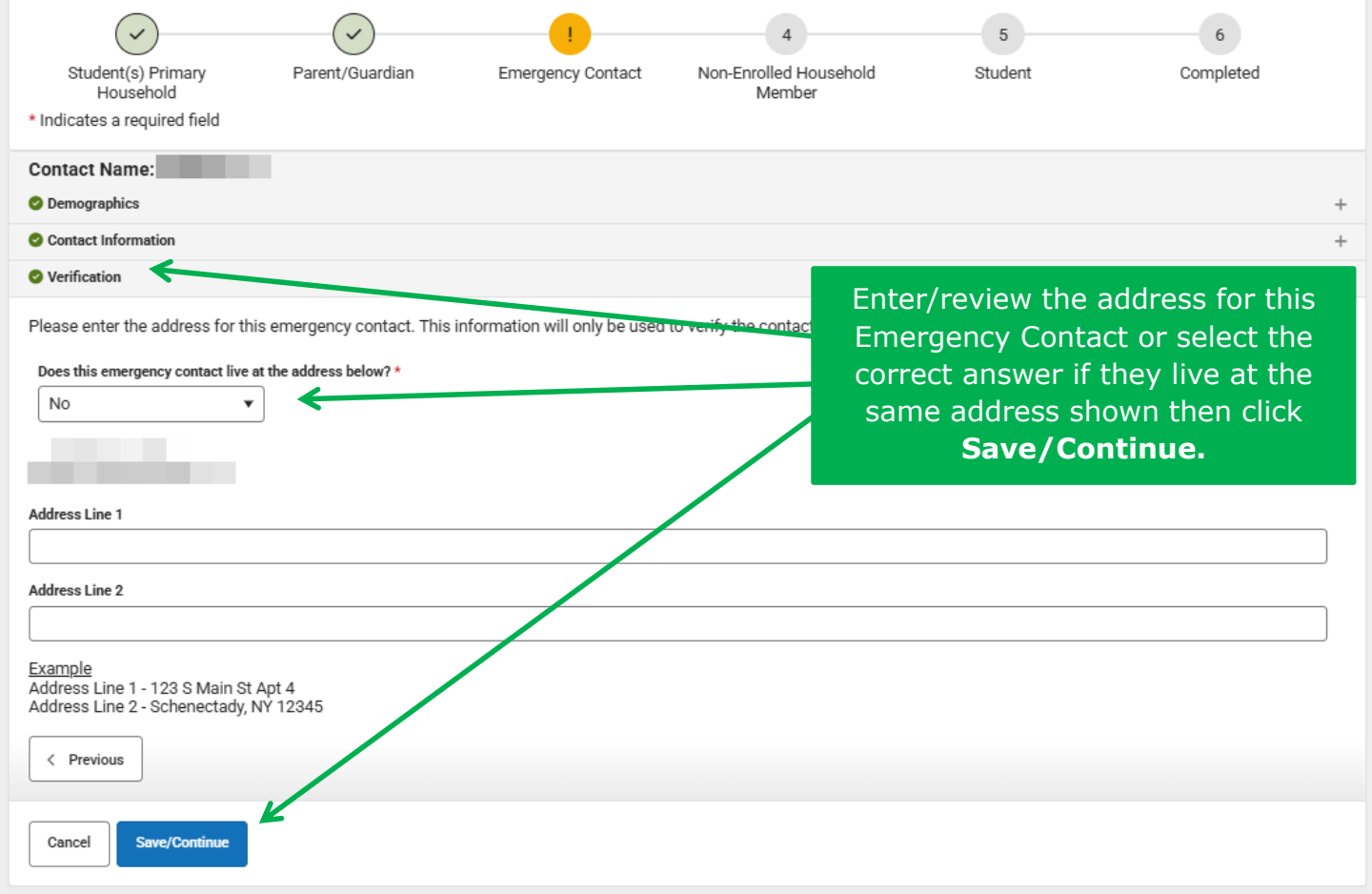

Student(s) Primary Household
Parent/Guardian
3
Emergency Contact
4
Non-Enrolled Household Member
5
Student
6
Completed
* Indicates a required field
Parent/Guardian Name:
Demographics
Contact Information
Seasonal Employment
Military Connections
Federal Impact Aid (FIA) Section 8003 Grant Information.
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
Choose the appropriate option then click **Save/Continue**.

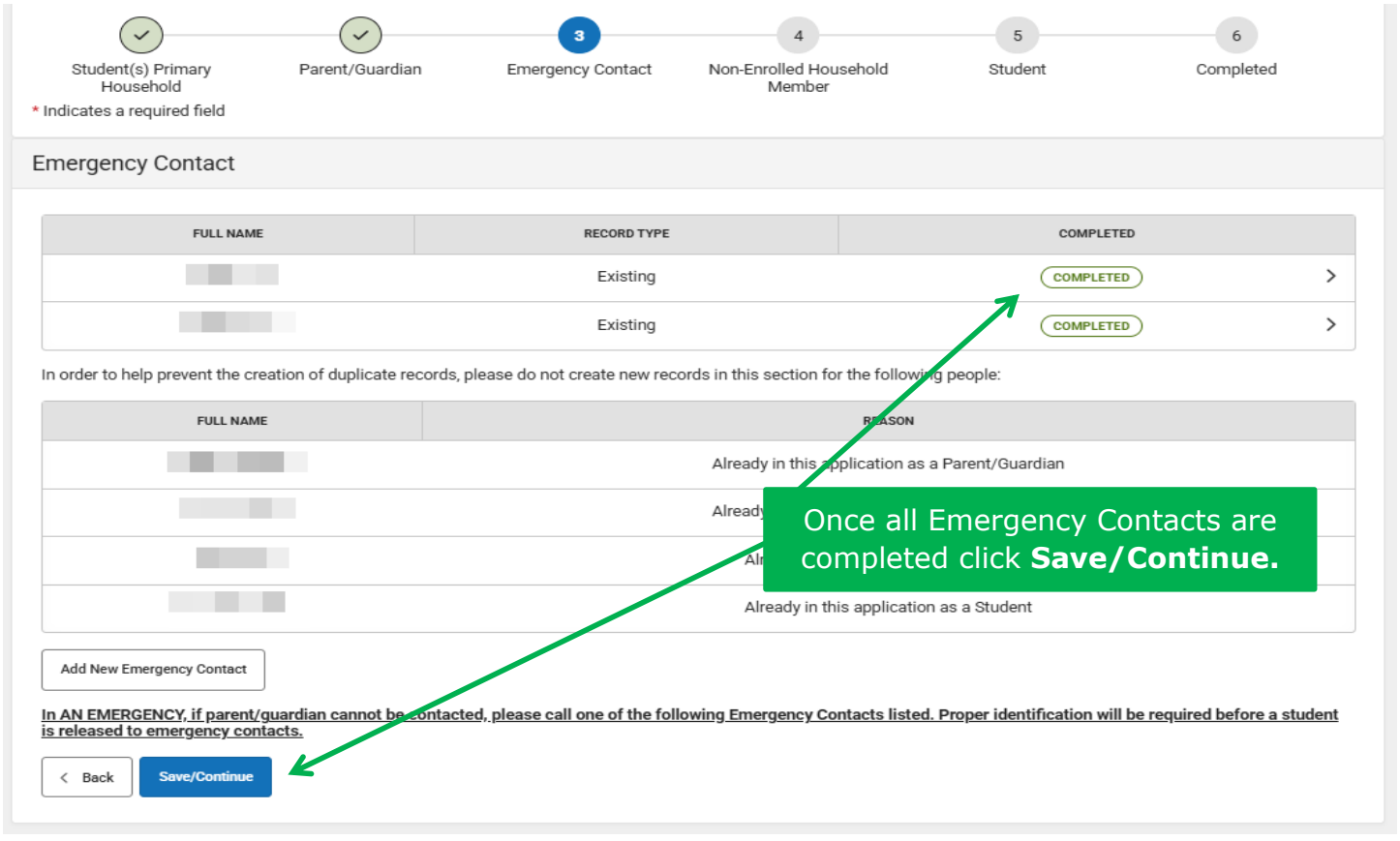

Student(s) Primary Household
Parent/Guardian
3
Emergency Contact
4
Non-Enrolled Household Member
5
Student
6
Completed
* Indicates a required field
Parent/Guardian
FULL NAME
RECORD TYPE
COMPLETED
Existing
COMPLETED
Existing
COMPLETED
In order to help prevent the creation of duplicate records, please do not create new records in this section for the following people:
FULL NAME
REASON
Already in this application as a Student
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
When all listed parents/guardians show as completed, click **Save/Continue**.

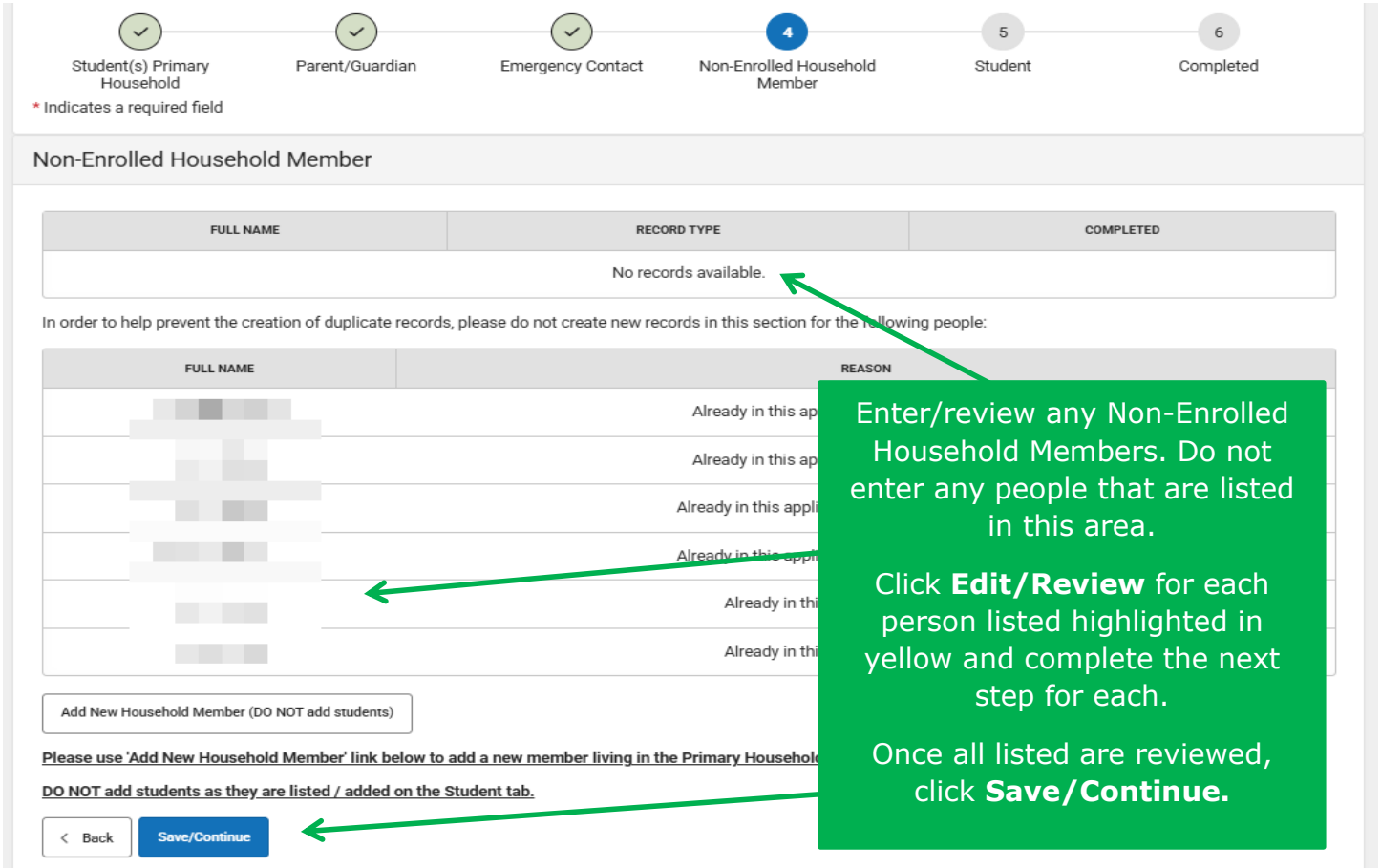

Student(s) Primary Household
Parent/Guardian
Emergency Contact
4
Non-Enrolled Household Member
5
Student
6
Completed
* Indicates a required field
Emergency Contact
FULL NAME
RECORD TYPE
COMPLETED
Existing
INCOMPLETE
Existing
INCOMPLETE
In order to help prevent the creation of duplicate records, please do not create new records in this section for the following people:
FULL NAME
REASON
Already in this application as a Parent/Guardian
Add New Emergency Contact
In AN EMERGENCY, if parent/guardian cannot be contacted, please call one of the following
released to emergency contacts.
Back
Save/Continue
Update/review the Emergency Contacts highlighted in yellow by clicking on Full Name. To add an Emergency Contact, click Add New Emergency Contact or click Save/Continue if you don't want to add one and skip the next four steps.

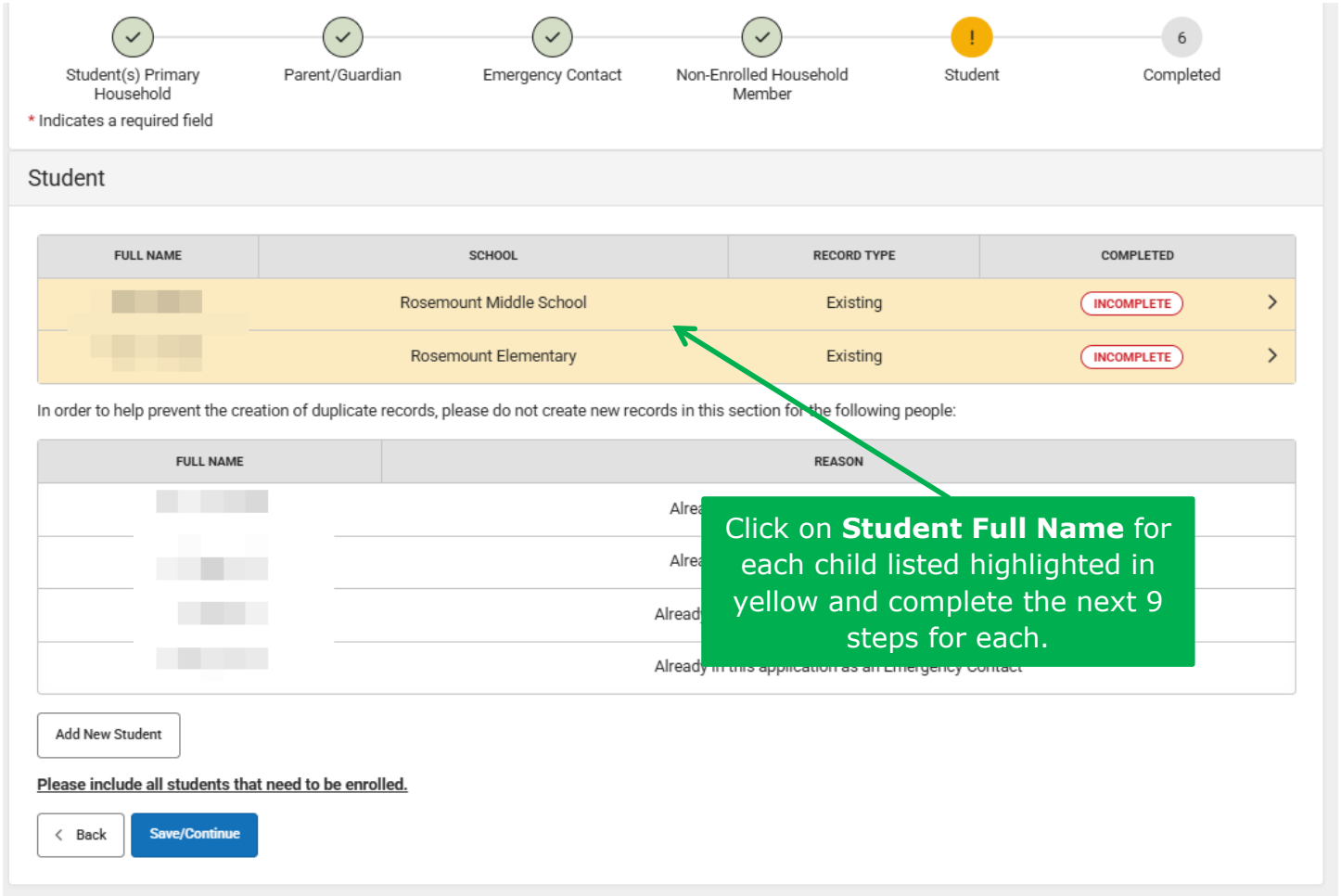

Student(s) Primary Household
Parent/Guardian
Emergency Contact
4
Non-Enrolled Household Member
5
Student
6
Completed
* Indicates a required field
Contact Name:
Demographics
Please complete the following information for each emergency contact for your students.
First Name *
Middle Name
Last Name *
Suffix
Gender *
Is this person still an emergency contact for at least one student in this household? *
Yes
Next
Enter/review the requested information and click Next.

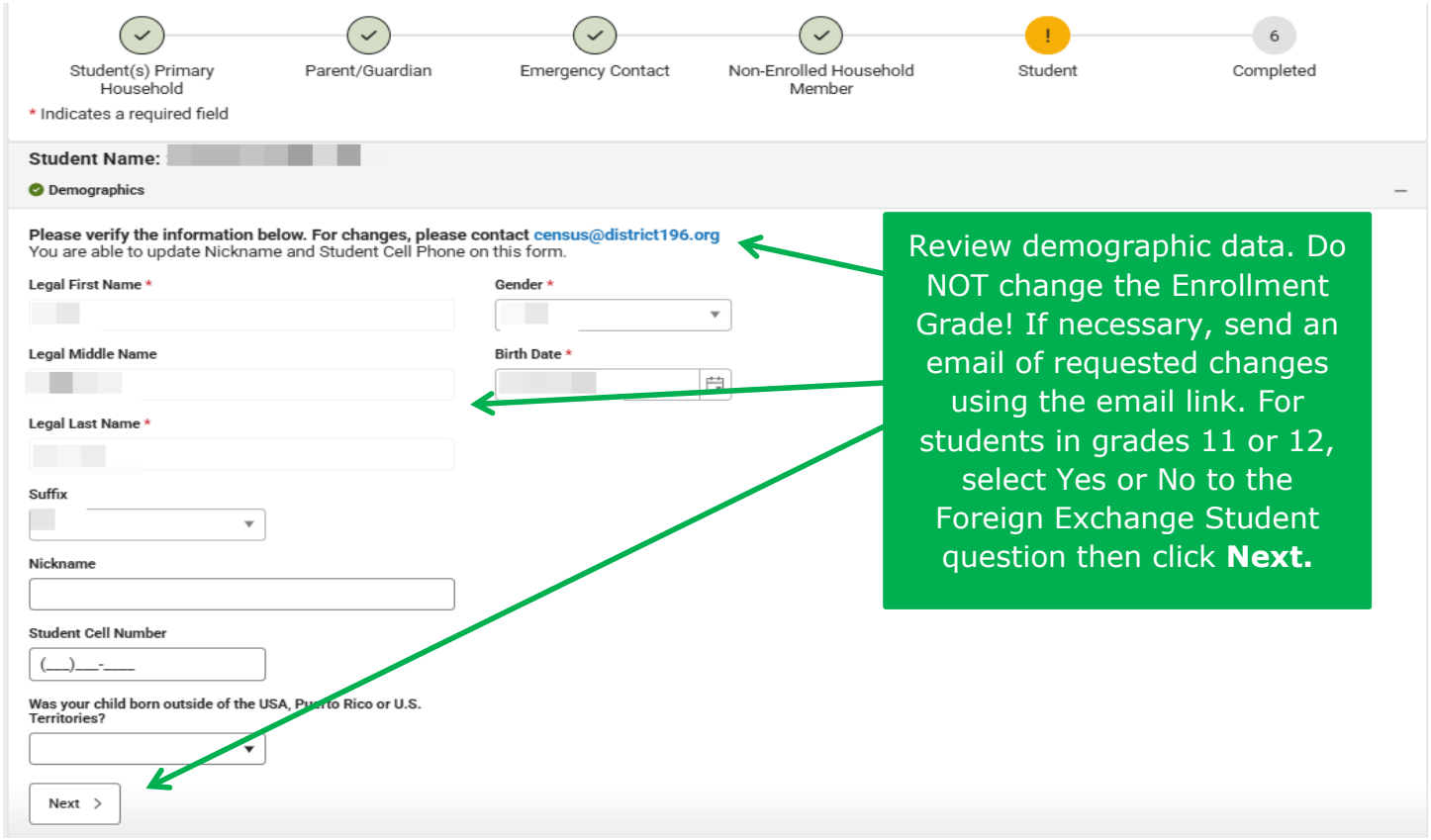

Student(s) Primary Household
Parent/Guardian
Emergency Contact
4
Non-Enrolled Household Member
5
Student
6
Completed
* Indicates a required field
Contact Name:
Demographics
Contact Information
Enter the contact information for this emergency contact.
At least one Phone Number is required.
Home Phone
Cell Phone
(___)___-____
Work Phone
(___)___-____x_____
Email
Previous
Next
Enter / Review the requested information. Enter at least one phone number then click Next.

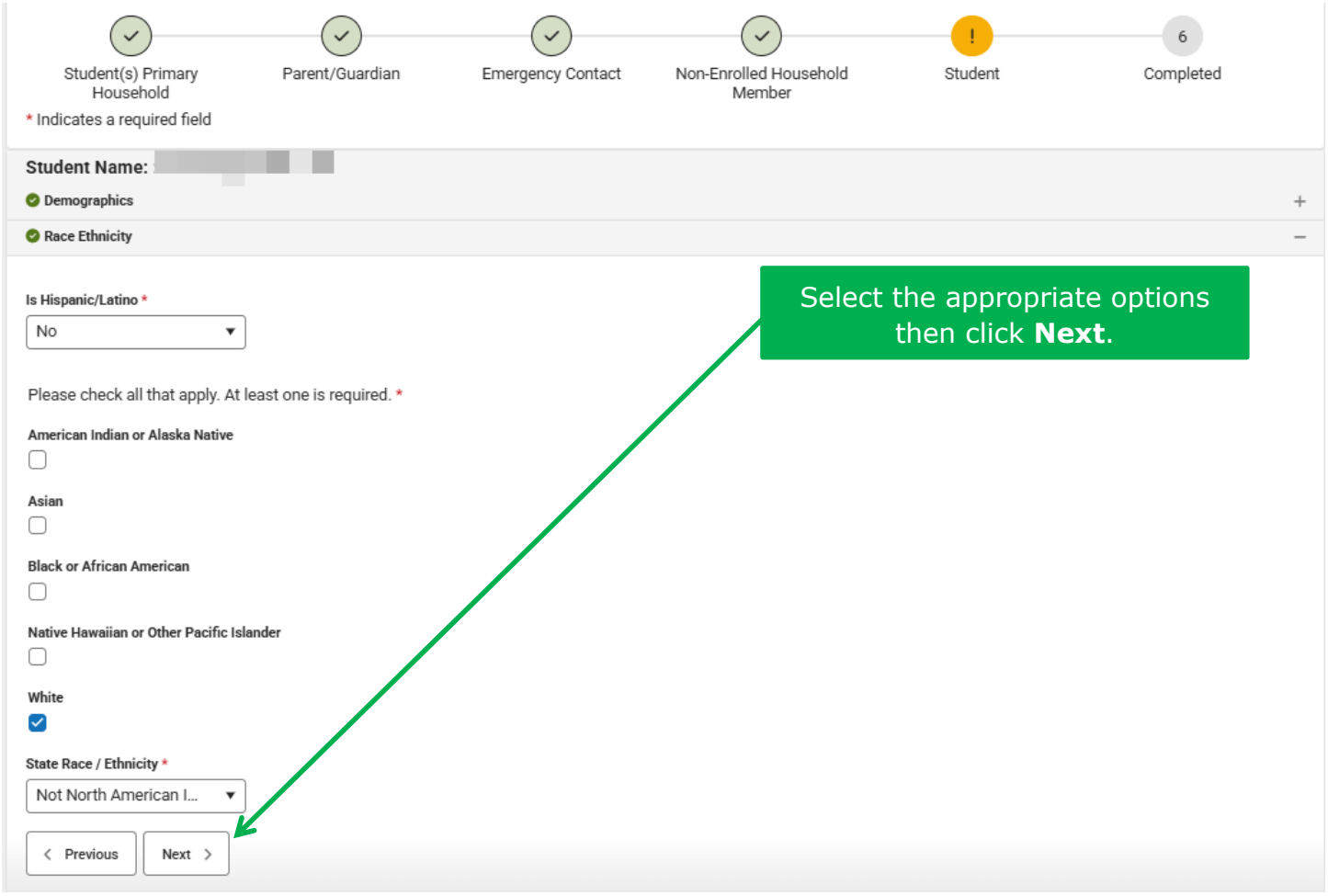

Student(s) Primary Household
Parent/Guardian
Emergency Contact
4
Non-Enrolled Household Member
5
Student
6
Completed
* Indicates a required field
Contact Name:
Demographics
Contact Information
Verification
Please enter the address for this emergency contact. This information will only be used to verify 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
Enter/review the address for this Emergency Contact or select the correct answer if they live at the same address shown then click Save/Continue.

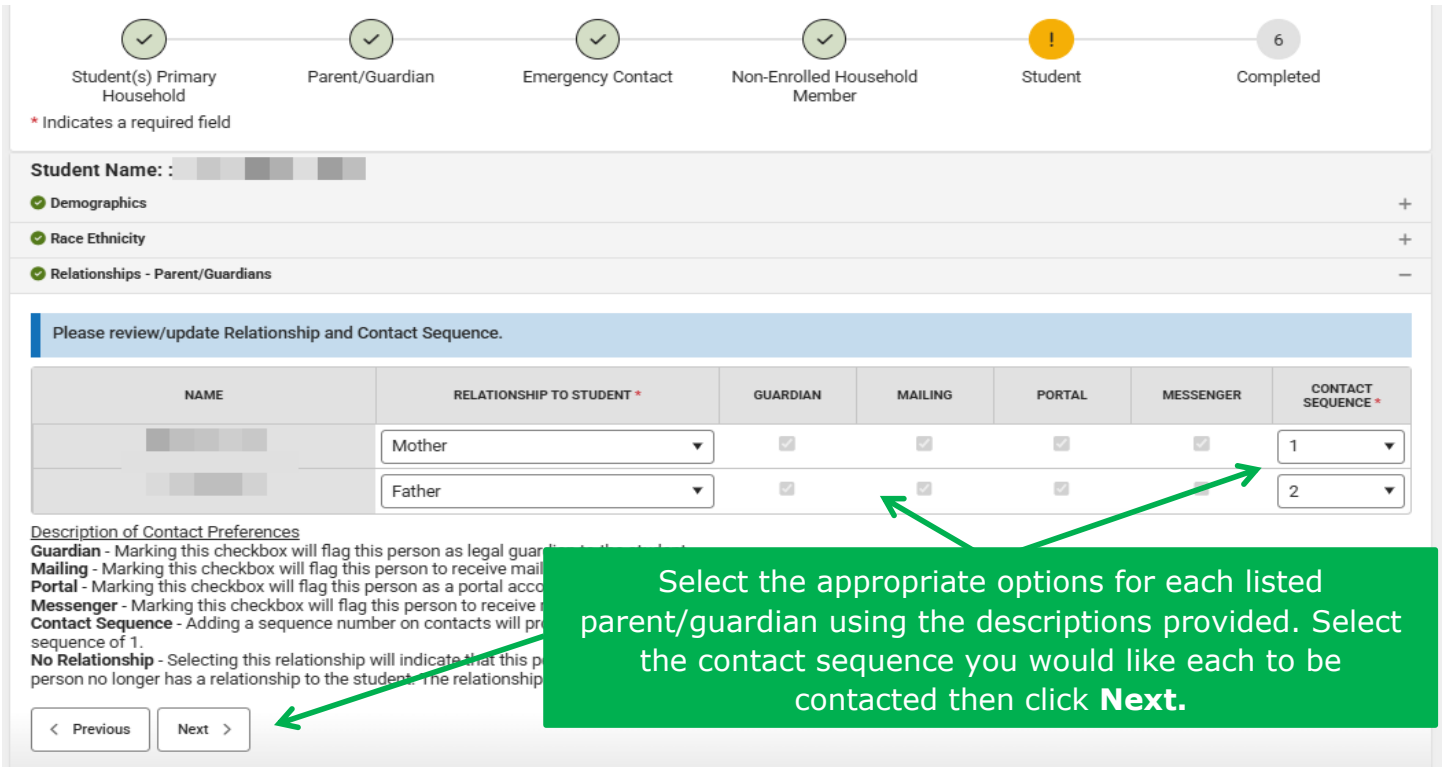

Student(s) Primary Household
Parent/Guardian
3
Emergency Contact
4
Non-Enrolled Household Member
5
Student
6
Completed
* Indicates a required field
Emergency Contact
FULL NAME
RECORD TYPE
COMPLETED
Existing
COMPLETED
Existing
COMPLETED
In order to help prevent the creation of duplicate records, please do not create new records in this section for the following people:
FULL NAME
REASON
Already in this application as a Parent/Guardian
Already in this application as a Student
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
Once all Emergency Contacts are completed click Save/Continue.

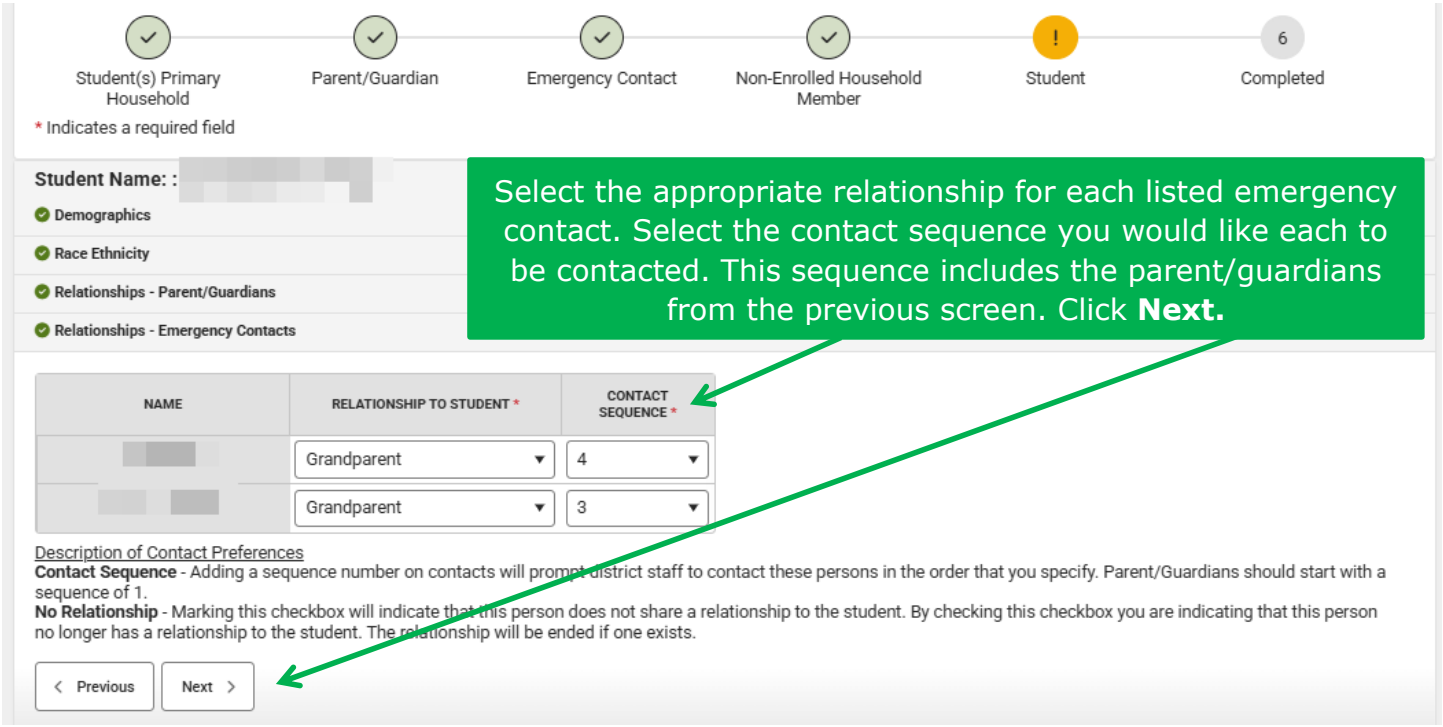

Student(s) Primary Household
Parent/Guardian
Emergency Contact
4
Non-Enrolled Household Member
5
Student
6
Completed
* Indicates a required field
Non-Enrolled Household Member
FULL NAME
RECORD TYPE
COMPLETED
No records available.
In order to help prevent the creation of duplicate records, please do not create new records in this section for the following people:
FULL NAME
REASON
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
Enter/review any Non-Enrolled Household Members. Do not enter any people that are listed in this area.
Click Edit/Review for each person listed highlighted in yellow and complete the next step for each.
Once all listed are reviewed, click Save/Continue.

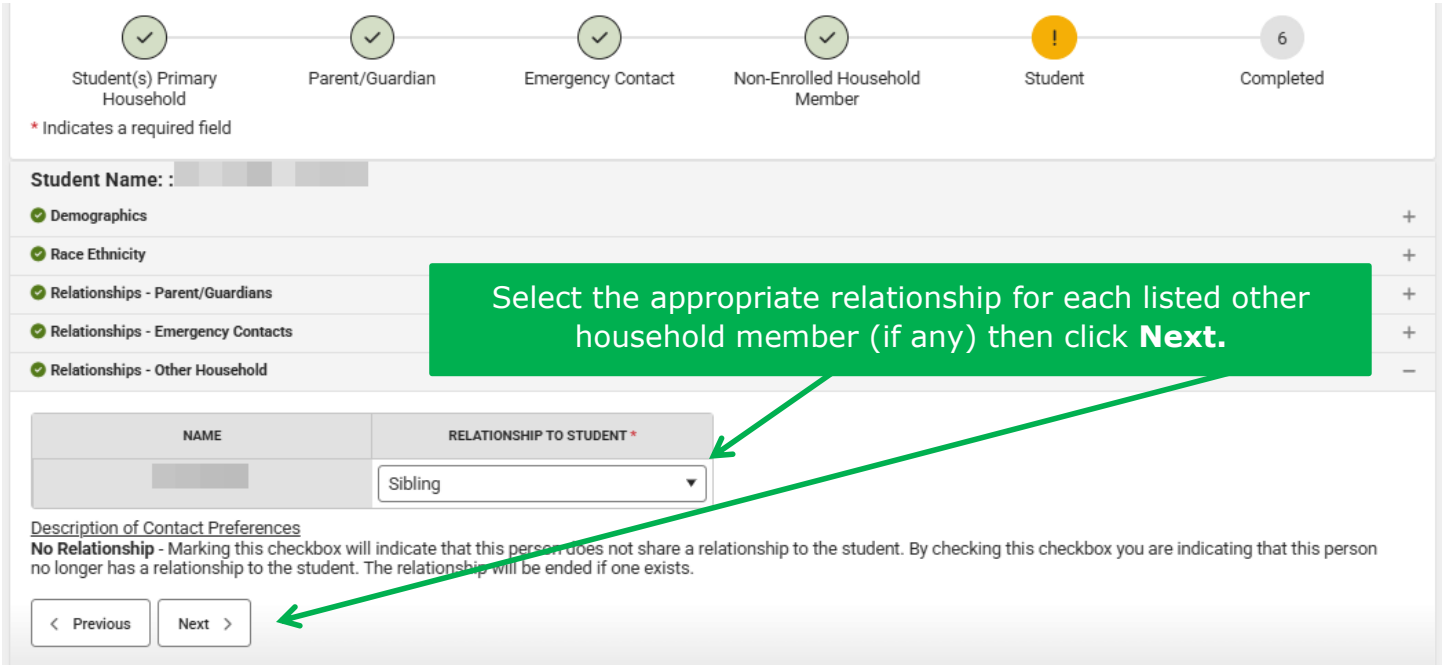

Student(s) Primary Household
Parent/Guardian
Emergency Contact
Non-Enrolled Household Member
Student
6
Completed
* Indicates a required field
Student
FULL NAME
SCHOOL
RECORD TYPE
COMPLETED
Rosemount Middle School
Existing
INCOMPLETE
Rosemount Elementary
Existing
INCOMPLETE
In order to help prevent the creation of duplicate records, please do not create new records in this section for the following people:
FULL NAME
REASON
Add New Student
Please include all students that need to be enrolled.
Back
Save/Continue
Click on Student Full Name for each child listed highlighted in yellow and complete the next 9 steps for each.

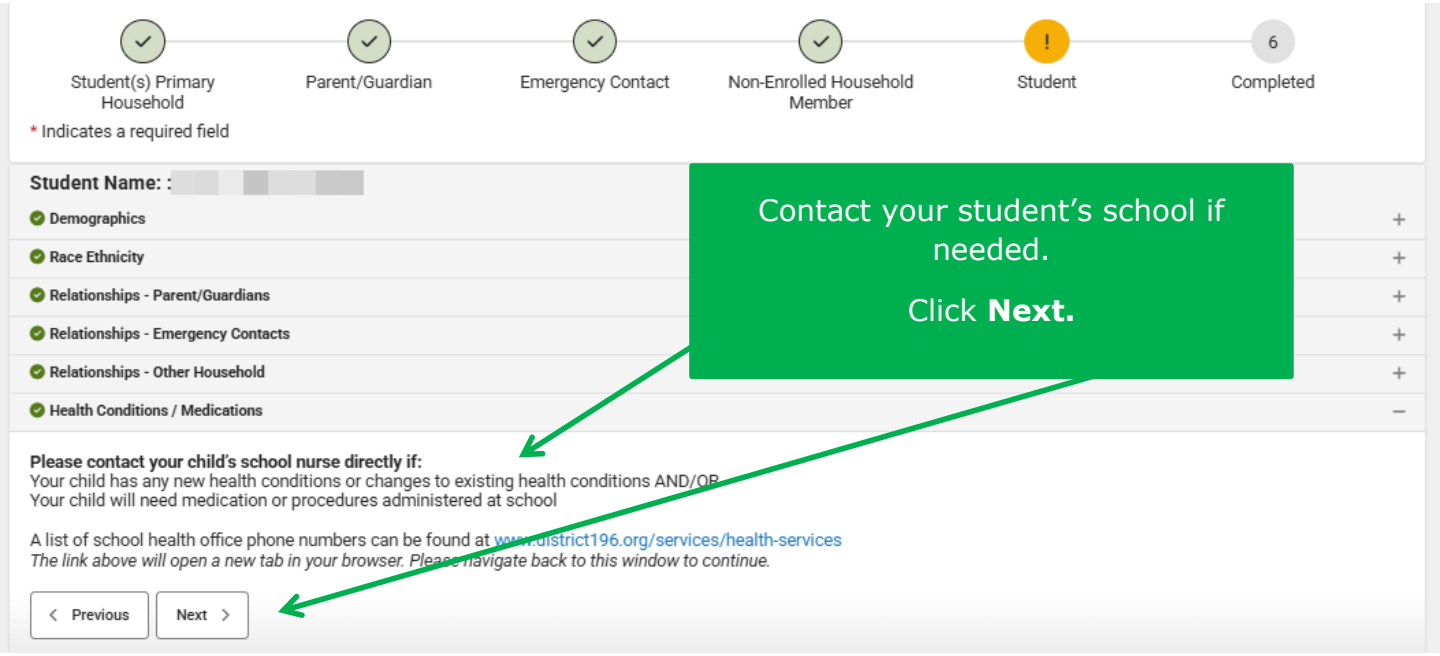

Student(s) Primary Household
Parent/Guardian
Emergency Contact
Non-Enrolled Household Member
Student
6
Completed
* Indicates a required field
Student Name:
Demographics
Please verify the information below. For changes, please contact census@district196.org
You are able to update Nickname and Student 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?
Next
Review demographic data. Do NOT change the Enrollment Grade! If necessary, send an email of requested changes using the email link. For students in grades 11 or 12, select Yes or No to the Foreign Exchange Student question then click Next.

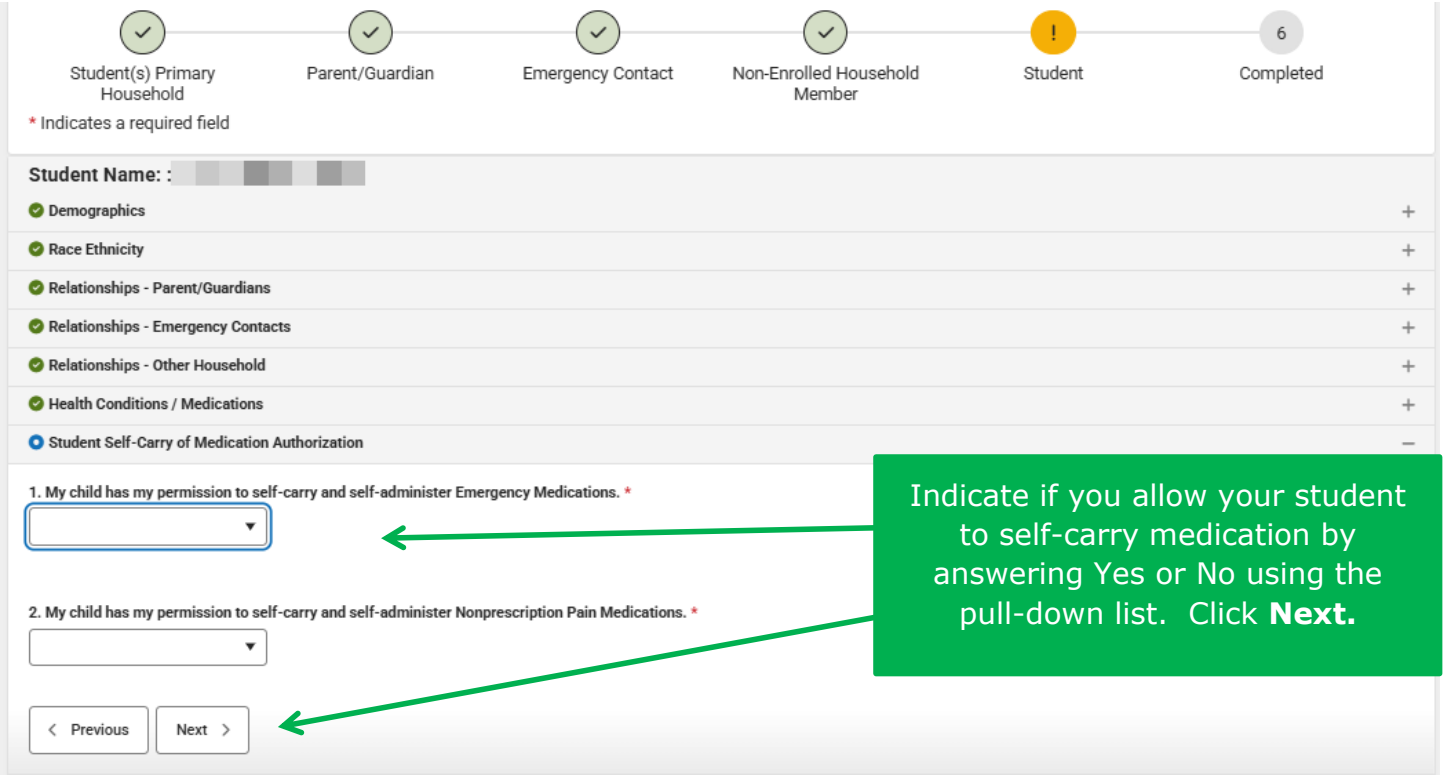

Student(s) Primary Household
Parent/Guardian
Emergency Contact
Non-Enrolled Household Member
Student
6
Completed
* Indicates a required field
Student Name:
Demographics
Race Ethnicity
Is Hispanic/Latino *
No
Please check all that apply. At least one is required. *
American Indian or Alaska Native
Asian
Black or African American
Native Hawaiian or Other Pacific Islander
White
State Race / Ethnicity *
Not North American I...
Previous
Next
Select the appropriate options then click **Next**.

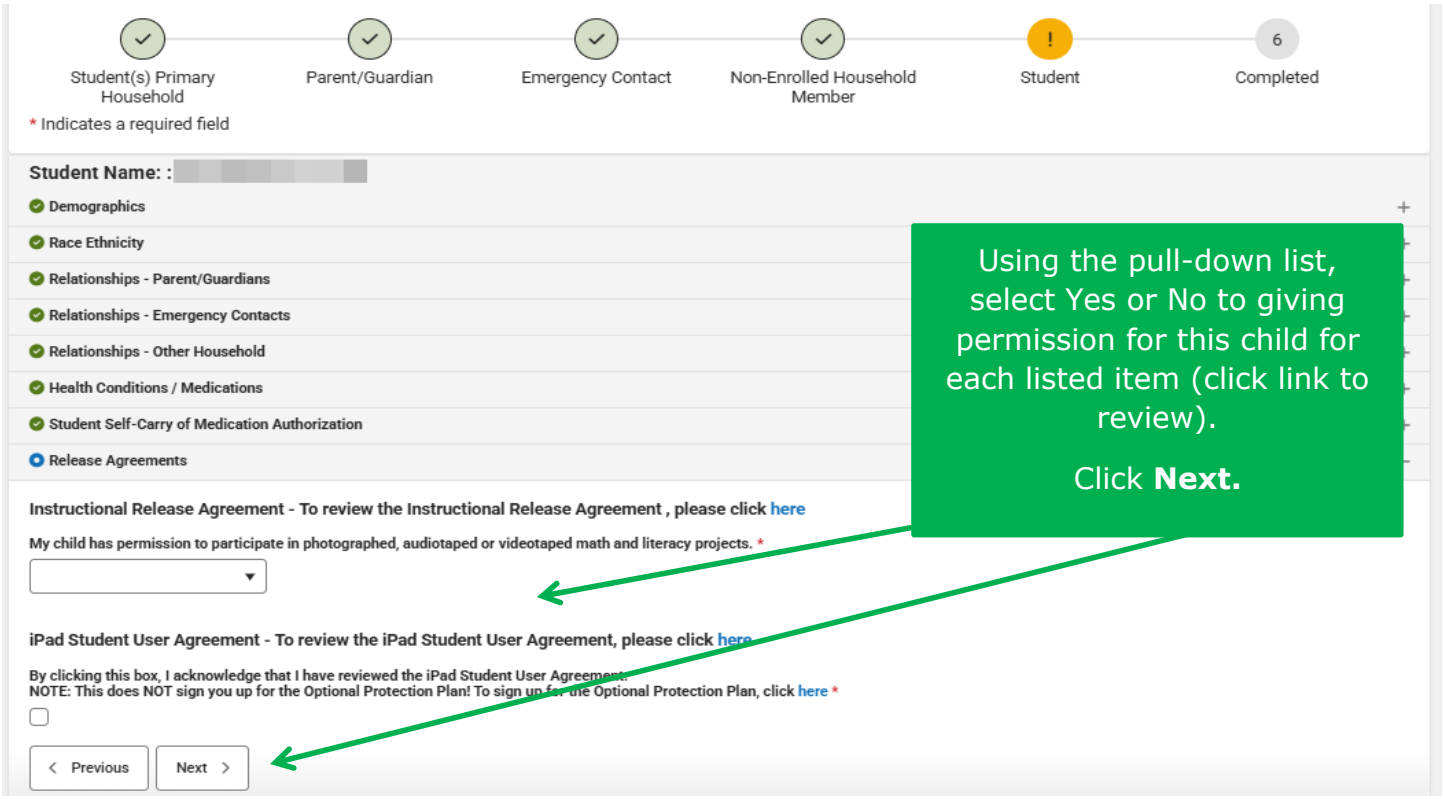

Student(s) Primary Household
Parent/Guardian
Emergency Contact
Non-Enrolled Household Member
Student
6
Completed
* Indicates a required field
Student Name: :
Demographics
Race Ethnicity
Relationships - Parent/Guardians
Please review/update Relationship and Contact Sequence.
NAME
RELATIONSHIP TO STUDENT *
GUARDIAN
MAILING
PORTAL
MESSENGER
CONTACT SEQUENCE *
Mother
1
Father
2
Description of Contact Preferences
Previous
Next
Select the appropriate options for each listed parent/guardian using the descriptions provided. Select the contact sequence you would like each to be contacted then click **Next.**

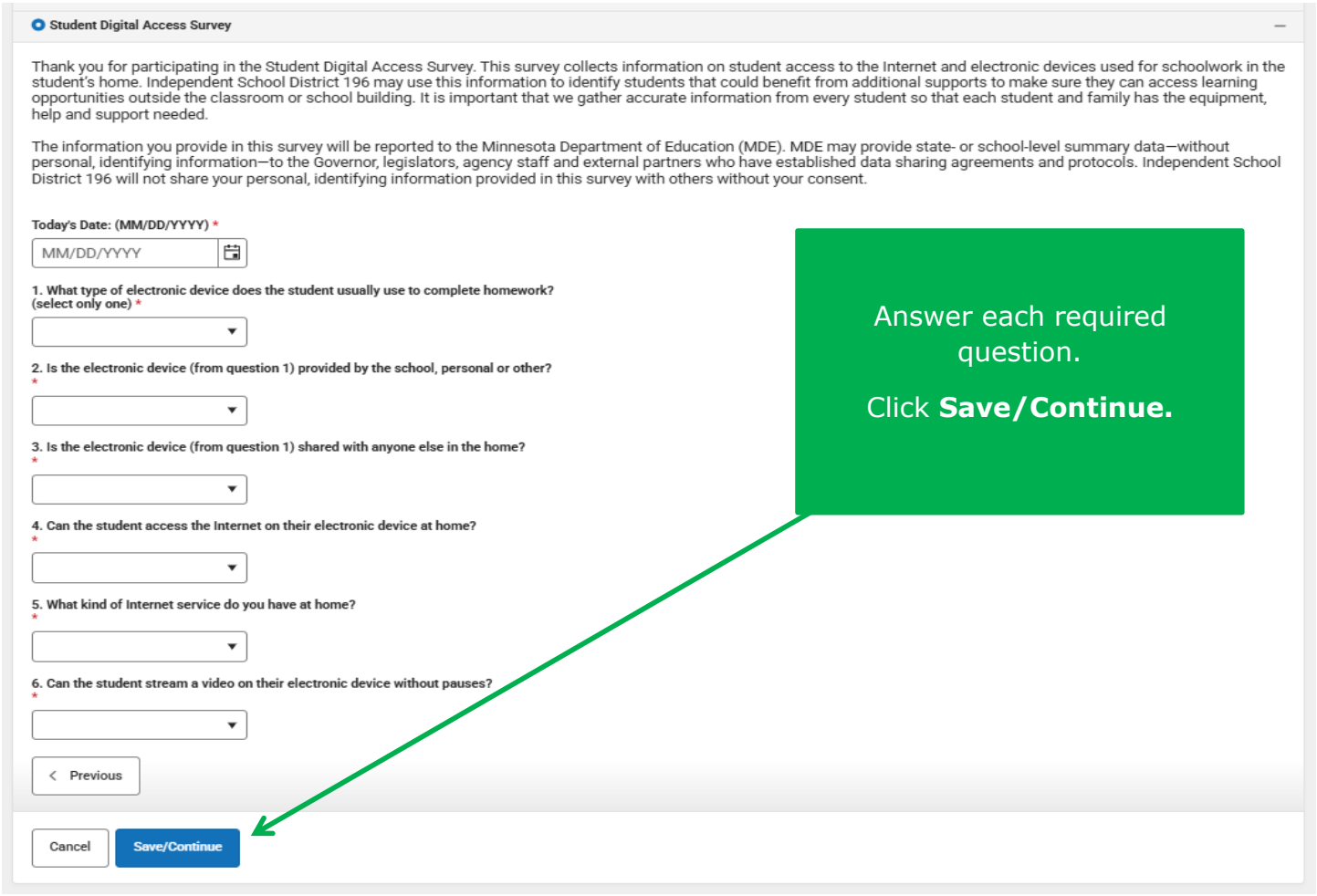

Student(s) Primary Household
Parent/Guardian
Emergency Contact
Non-Enrolled Household Member
Student
6
Completed
* Indicates a required field
Student Name: :
Demographics
Race Ethnicity
Relationships - Parent/Guardians
Relationships - Emergency Contacts
Select the appropriate relationship for each listed emergency contact. Select the contact sequence you would like each to be contacted. This sequence includes the parent/guardians from the previous screen. Click **Next.**
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

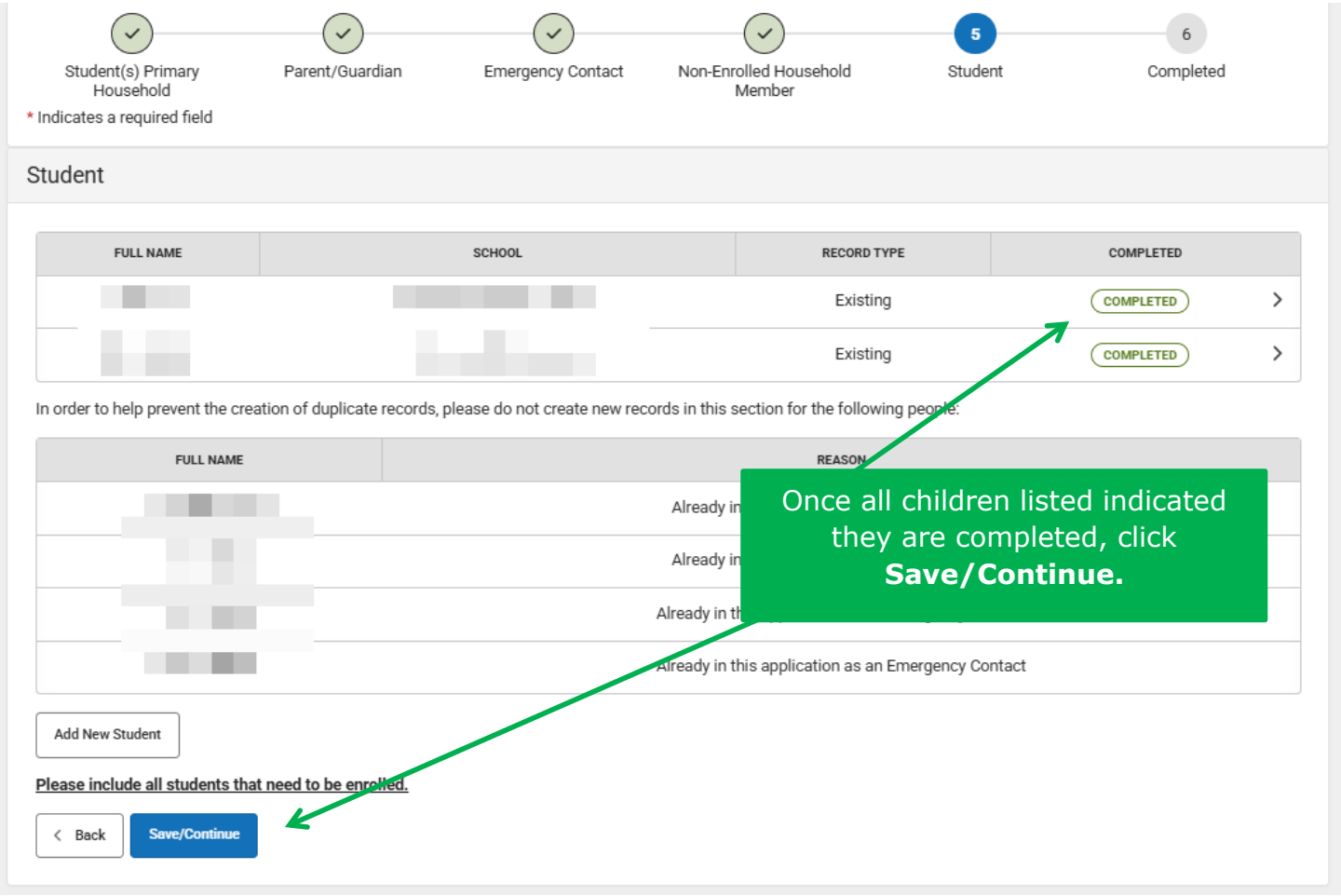

Student(s) Primary Household
Parent/Guardian
Emergency Contact
Non-Enrolled Household Member
Student
6
Completed
* Indicates a required field
Student Name: :
Demographics
Race Ethnicity
Relationships - Parent/Guardians
Relationships - Emergency Contacts
Relationships - Other Household
Select the appropriate relationship for each listed other household member (if any) then click **Next.**
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

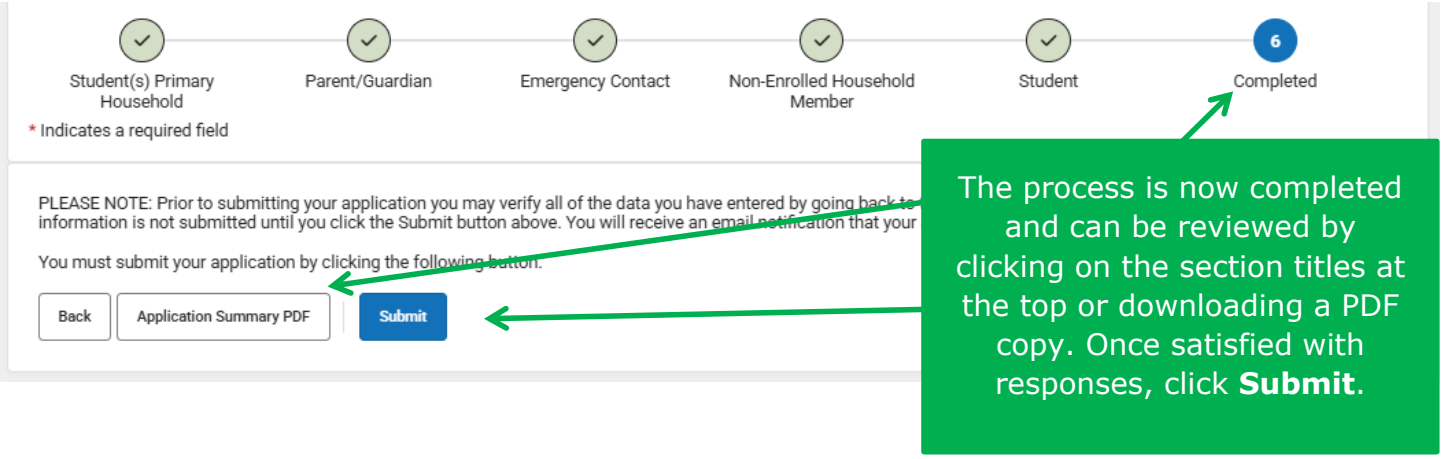

Student(s) Primary Household
Parent/Guardian
Emergency Contact
Non-Enrolled Household Member
Student
6
Completed
* Indicates a required field
Student Name:
Demographics
Race Ethnicity
Relationships - Parent/Guardians
Relationships - Emergency Contacts
Relationships - Other Household
Health Conditions / 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
Contact your student's school if needed.
Click Next.


Student(s) Primary Household
Parent/Guardian
Emergency Contact
Non-Enrolled Household Member
Student
6
Completed
* 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
Indicate if you allow your student to self-carry medication by answering Yes or No using the pull-down list. Click Next.


Student(s) Primary Household
Parent/Guardian
Emergency Contact
Non-Enrolled Household Member
Student
6
Completed
* 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. *
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
Using the pull-down list, select Yes or No to giving permission for this child for each listed item (click link to review).
Click Next.


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) *
2. Is the electronic device (from question 1) provided by the school, personal or other? *
3. Is the electronic device (from question 1) shared with anyone else in the home? *
4. Can the student access the Internet on their electronic device at home? *
5. What kind of Internet service do you have at home? *
6. Can the student stream a video on their electronic device without pauses? *
Previous
Cancel
Save/Continue
Answer each required question.
Click Save/Continue.





NOTE: Submitted changes may need to be reviewed by district staff before being applied to Infinite Campus. We appreciate your patience as we work through all requests.