

Grandview R-II School District  
11470 Highway C – Hillsboro, Missouri 63050

## Application for Parent Portal Access

(Please Print)

1. Name of Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

Email address : \_\_\_\_\_

2. Name of Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

Email address : \_\_\_\_\_

Please list students in your household:

Student – (Last, First)	Grade

I understand that this service is supplied as a convenience and that the information is secured. I understand that the District may revoke this privilege at any time should abuse of the system occur.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_