

NEW STUDENT ENROLLMENT

You will need:

1. This packet filled out and returned to the District Registrar
2. Current Immunization Records
3. Original Birth Certificate
4. Proof of Residency (one of the following)
 - *Current utility bill*
 - *2011 real estate tax receipt*
 - *Lease agreement*
 - *Rent receipt*
 - *Mortgage statement*
5. Social Security Card
6. Photo ID of Parent/Guardian

ENROLLMENT TIMES

8:00 a.m. to 10:30 a.m.

11:30 a.m. to 3:00 p.m.

Monday - Friday



**Please Note: Kindergarten Enrollment is by Appointment Only
March 16 and March 17 at the Primary Building.**

Hillsboro R-3 School District

Children are #1...Inspire...Learn...Succeed



20 Hawk Drive Hillsboro, MO 63050
(636) 789-0000

Request for Records

Date of Request: _____ Grade: _____ Date of Birth: ____/____/____

Student Name: _____

SEND RECORDS TO:

School Transferring From:

Hillsboro Primary
Attn: Sue Eiler
101 Leon Hall Parkway
Hillsboro, MO 63050
Fax: 636-789-3215
School Code: 4080

Hillsboro Junior High
Attn: Nancy Ball
12 Hawk Drive
Hillsboro, MO 63050
Fax: 636-789-3212
School Code: 2050

School Name

Hillsboro Elementary
Attn: Becky Voyles
13 Hawk Drive
Hillsboro, MO 63050
Fax: 636-789-3214
School Code: 4020

Hillsboro High School
Attn: Sharrie Busch
123 Leon Hall Pkwy
Hillsboro, MO 63050
Fax: 636-789-0003
School Code: 1050

School Address

City, State, Zip

Phone / Fax Number

Hillsboro Intermediate
Attn: Karen Schuh
10478 Highway 21
Hillsboro, MO 63050
Fax: 636-789-3213
School Code: 4040

STUDENT SERVICES
FAX: 636-789-4316

Hillsboro School District
Code: 050-003

We have just enrolled this student in our school. We would appreciate receiving the following information from you so that we might quickly move to meet the needs of this child.

- Grades up to and at the time of withdrawal; explanation of grading system
- Attendance records including last date of attendance at your school
- Cumulative Permanent School Record
- A+ Program Status Report
- Psychological Records
- Standard Achievement Test Results
- Individual IQ Test Results, IEP, and Diagnostic Summary which would affect the following:
 - Special Education Services
 - Gifted Education
 - 504 Accommodation Plans
 - Title 1
- Health Records including complete record of immunizations
- Safe School Reports or other discipline information including suspensions/expulsions
- Any other items pertinent to the placement of the student

The above named student wishes to enroll in our school district. The written release of school records to other schools or school systems in which the student seeks or intends to enroll is not required by P.L. 90-246. This transfer is provided for in the Family Education Rights and Privacy Act of 1974, as amended June 17, 1976. The regulations no longer require an acknowledgement from the parent or eligible student that he or she has received notification before records may be released to other education institutions (99.34).

Hillsboro School Official: _____ Title: _____

Date _____

Signature of Parent or Legal Guardian (Optional*)

*Signature is not required for records to be transferred to other educational institutions as noted.



STUDENT INFORMATION FORM

Revised
01/27/2012

Office Use

Student ID _____

Date: ____/____/____

Teacher/Homeroom _____

Route # _____

Student's Legal Name

_____ Last _____ First _____ Middle _____ Suffix _____

Male Female
Gender

_____ Nickname

____/____/____
Date of Birth

____ - ____ - ____
Student Social Security Number

Ethnicity

Hispanic Non-Hispanic

Race: Choose one or more, regardless of Ethnicity:

White Black or African American Hispanic
 American Indian or Alaska Native Asian Native Hawaiian or Other Pacific Islander

The Hillsboro School District is required to make reports to the Office of Civil Rights and to the State of Missouri using the above Race/Ethnic categories. These are established by the State of Missouri.

Is the student an orphan or foster child? Yes No Natural parent's name: _____

Natural parent's address: _____

***A complete original copy of any legal documents/court orders pertaining to the student must be presented.
(i.e. divorce decrees, custody, parenting plan, restraining order, etc.)***

STUDENT EDUCATIONAL INFORMATION

Has this student ever attended a Hillsboro school before? Yes No If yes: When? _____ School? _____

Identify all schools previously attended.

Grades	School	Check if this is a Private or Parochial School	District	City	State
_____	_____	<input type="checkbox"/>	_____	_____	_____
_____	_____	<input type="checkbox"/>	_____	_____	_____
_____	_____	<input type="checkbox"/>	_____	_____	_____

Has student ever been retained? Yes No Specify: _____

Does student have a current IEP? Yes No Specify: _____

Does the student have a current 504? Yes No Specify: _____

Was student referred for Special Ed. Testing? Yes No Specify: _____

PLEASE CHECK ANY SPECIAL SERVICES STUDENT HAS RECEIVED IN PREVIOUS SCHOOLS:

- Speech/Language
- Remedial Reading
- Gifted
- Occupational Therapy
- Physical Therapy
- Other (please list) _____
- Counseling

STUDENT NAME: _____

Grade: _____

HOMELESS

These questions cover the definition of homeless that is within the No Child Left Behind law. This enrollment form will meet MSIP Standard 8.3.1 for enrollment identification.

- 1. Are you sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason? Yes No
Explain if it is a similar reason: _____
- 2. Are you currently residing at a motel, hotel, in a car, or at a campsite because your home has been damaged because of economic reasons? Yes No
- 3. Are you currently residing in a shelter? Yes No
- 4. Are you currently living in a temporary housing arrangement due to economic hardship? Yes No

FEDERAL MIGRATORY WORKER SURVEY

If you have a child aged 3 through 21 and you have moved from one school district to another school district within the past six years, your child may be eligible for a special program of supplemental services. Please answer the following questions to help us determine if your child is eligible.

- 1. Before the move, was either parent (or guardian) employed in some form of temporary or seasonal agricultural or agriculture-related work such as: Planting or harvesting crops (vegetables, fruits, cotton, etc.); landscaping; transporting farm products to market; feeding poultry, gathering eggs, working in hatcheries, processing poultry, beef, hogs, fruit, vegetables, etc.; working on a dairy farm or a catfish farm; cutting firewood or logs to sell. Yes No
- 2. Was the move from one school district to another made for the purpose of looking for or obtaining any of the above jobs? Yes No
- 3. Is either parent (or guardian) now employed in any of the above kinds of work? Yes No
- 4. Have you moved away with your child during only the summer months to engage in crop harvesting or other seasonal agricultural? Yes No

HOME LANGUAGE

Is a language **other** than English spoken in the home? Yes No If Yes, language spoken: _____

Does the student speak a language other than English? Yes No If Yes, language spoken: _____

Does or has the student received ESL Services? Yes No Date entered the United States: _____

SAFE SCHOOLS ACT

The undersigned hereby certify and represent to the Hillsboro School District, for the purposes of the Missouri Safe Schools Act, that:

- 1. This student is not currently suspended or expelled from any other school district; **or**
 This student is currently suspended or expelled from another school district but the superintendent has determined that the conduct that resulted in such suspension/expulsion would not have resulted in suspension/expulsion in this district (copy of determination must be attached).
- 2. This student has not been convicted or indicted of any of the following offenses and no information or petition alleging such offense has been filed:
 - a. first degree murder under Section 565.020, RSMo;
 - b. second degree murder under Section 565.021, RSMo;
 - c. first degree assault under Section 565.050, RSMo;
 - d. forcible rape under Section 566.030, RSMo;
 - e. forcible sodomy under Section 566.060, RSMo;
 - f. statutory rape under Section 566.032, RSMo;
 - g. statutory sodomy under Section 566.062, RSMo;
 - h. robbery in the first degree under Section 569.020, RSMo;
 - i. distribution of drugs to a minor under Section 195.212, RSMo;
 - j. arson in the first degree under Section 569.040, RSMo;
 - k. kidnapping, when classified as a Class A felony, under Section 565.100, RSMo

In accordance with §167.171, RSMo, no student may be readmitted or enrolled in the school who has been convicted of or charged with an act which, if committed by an adult, would be one of the above. Nothing in the law shall prohibit the re-admittance or enrollment of any student if a charge has been dismissed, or when a student has been acquitted of any of the above acts. This section does not apply to a student with a disability, as identified under state eligibility criteria, who is convicted as a result of an action related to the student's disability.

Signature of Parent/Legal Guardian
(Student may sign if 18 yrs of age and not living with parents)

Date

Signature of Principal

Date

- Rent Receipt
- Utility Bill
- Affidavit Resident Landlord
- Mortgage Statement
- Real Estate Tax Receipt
- Lease
- Home Contract
- Other



PRIMARY HOUSEHOLD CENSUS INFORMATION

Revised
01/27/2012

Please use legal names including middle initial.

STUDENT NAME: _____

GRADE: _____

HOUSEHOLD NAME: _____

HOUSEHOLD PHONE NUMBER: _____ Private

Student lives with: Both Parents (In one Household) Mother Only Father Only Joint Custody Other: _____

Adult #1: _____
Last Name First Name Middle Initial
Home Phone _____ M F
Relationship to Student: Mother Father Step Mother Step Father Guardian

Cell Phone _____ Work Phone _____ E-mail _____

Adult #2: _____
Last Name First Name Middle Initial
Home Phone _____ M F
Relationship to Student: Mother Father Step Mother Step Father Guardian

Cell Phone _____ Work Phone _____ E-mail _____

Home Address _____ City _____ State MO Zip _____

Mailing Address _____ City _____ State MO Zip _____

List all Siblings in Household:	Gender	Date of Birth	Grade
_____	<input type="checkbox"/> M <input type="checkbox"/> F	____/____/____	_____
_____	<input type="checkbox"/> M <input type="checkbox"/> F	____/____/____	_____
_____	<input type="checkbox"/> M <input type="checkbox"/> F	____/____/____	_____

EMERGENCY CONTACTS – Other Than Parents

In the event the parents cannot be reached, please provide contact information for up to 3 individuals to whom the student(s) may be released. (EMERGENCY PRIORITY – PLEASE DESIGNATE ORDER OF PREFERENCE.)

Contact Priority

1. _____ M F
Name Relationship to Student Home Phone Cell Phone

2. _____ M F
Name Relationship to Student Home Phone Cell Phone

3. _____ M F
Name Relationship to Student Home Phone Cell Phone

SECONDARY MAILING (Optional Parent/Guardian Use Only)

_____ M F Home Phone _____
Name / Relationship

Cell Phone _____ Work Phone _____ Email _____

Mailing Address _____ City _____ State _____ Zip _____

Voice Messenger for Primary Household

Voice Messenger is used to notify parents/guardians of announcements such as school closings, early releases, etc. PLEASE WATCH YOUR LOCAL NEWS AS YOUR FIRST SOURCE OF ANNOUNCEMENTS.

Messenger Preferences for Adult 1 on Primary Household Census Form.

Please note, all phone numbers listed on the Primary Census Household Form will be used for Voice Messenger if checked below. Please check these numbers for accuracy. If you have an additional phone number that you would like to be notified from, please list it below under "Other Phone Number".

Name: _____
(This should match the name under adult 1 of the Primary Census Household Form)

Other Phone Number: _____

Please check boxes below for the phone numbers to be used for contact purposes with Voice Messenger:

Contact Reason:	High Priority	Attendance	Behavior	General
*Household Phone:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cell Phone:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Phone:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Phone:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E-Mail:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Household Phone Preferences apply to all active members of this household.*

Messenger Preferences for Adult 2 on Primary Household Census Form.

Please note, all phone numbers listed on the Primary Census Household Form will be used for Voice Messenger if checked below. Please check these numbers for accuracy. If you have an additional phone number that you would like to be notified from, please list it below under "Other Phone Number".

Name: _____
(This should match the name under adult 2 of the Primary Census Household Form)

Other Phone Number: _____

Please check boxes below for the phone numbers to be used for contact purposes with Voice Messenger:

Contact Reason:	High Priority	Attendance	Behavior	General
Household Phone:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cell Phone:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Phone:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Phone:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E-Mail:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Household Phone Preferences apply to all active members of this household.*



SECONDARY HOUSEHOLD CENSUS INFORMATION

Revised
01/27/2012

(If parents are sharing joint custody, the Secondary Household Form must be completed)

STUDENT NAME: _____

GRADE: _____

SECONDARY HOUSEHOLD NAME: _____

HOME PHONE NUMBER: _____ Private

Student lives with: Both Parents (In one Household) Mother Only Father Only Joint Custody Other: _____

Adult #1: _____
Last Name First Name Middle Initial Relationship to Student
Home Phone _____ M F Mother Father Step Mother Step Father Guardian

Cell Phone _____ Work Phone _____ E-mail _____

Adult #2: _____
Last Name First Name Middle Initial Relationship to Student
Home Phone _____ M F Mother Father Step Mother Step Father Guardian

Cell Phone _____ Work Phone _____ E-mail _____

Home Address _____ City _____ State MO Zip _____

Mailing Address _____ City _____ State MO Zip _____

List all Siblings in Household:	Gender	Date of Birth	Grade
_____	<input type="checkbox"/> M <input type="checkbox"/> F	____/____/____	_____
_____	<input type="checkbox"/> M <input type="checkbox"/> F	____/____/____	_____
_____	<input type="checkbox"/> M <input type="checkbox"/> F	____/____/____	_____

EMERGENCY CONTACTS – Other Than Parents

In the event the parents cannot be reached, please provide contact information for up to 3 individuals to whom the student(s) may be released. (EMERGENCY PRIORITY – PLEASE DESIGNATE ORDER OF PREFERENCE.)

Contact Priority

1. _____ M F _____
Name Relationship to Student Home Phone Cell Phone

2. _____ M F _____
Name Relationship to Student Home Phone Cell Phone

3. _____ M F _____
Name Relationship to Student Home Phone Cell Phone

SECONDARY MAILING (Optional Parent/Guardian Use Only)

_____ M F Home Phone _____
Name / Relationship

Cell Phone _____ Work Phone _____ Email _____

Mailing Address _____ City _____ State _____ Zip _____

Voice Messenger for Secondary Household

Voice Messenger is used to notify parents/guardians of announcements such as school closings, early releases, etc. PLEASE WATCH YOUR LOCAL NEWS AS YOUR FIRST SOURCE OF ANNOUNCEMENTS.

Messenger Preferences for Adult 1 on Secondary Household Census Form.

Please note, all phone numbers listed on the Secondary Census Household Form will be used for Voice Messenger if checked below. Please check these numbers for accuracy. If you have an additional phone number that you would like to be notified from, please list it below under "Other Phone Number".

Name: _____
(This should match the name under adult 1 of the Secondary Census Household Form)

Other Phone Number: _____

Please check boxes below for the phone numbers to be used for contact purposes with Voice Messenger:

Contact Reason:	High Priority	Attendance	Behavior	General
*Household Phone:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cell Phone:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Phone:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Phone:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E-Mail:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Household Phone Preferences apply to all active members of this household.*

Messenger Preferences for Adult 2 on Secondary Household Census Form.

Please note, all phone numbers listed on the Secondary Census Household Form will be used for Voice Messenger if checked below. Please check these numbers for accuracy. If you have an additional phone number that you would like to be notified from, please list it below under "Other Phone Number".

Name: _____
(This should match the name under adult 2 of the Secondary Census Household Form)

Other Phone Number: _____

Please check boxes below for the phone numbers to be used for contact purposes with Voice Messenger:

Contact Reason:	High Priority	Attendance	Behavior	General
Household Phone:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cell Phone:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Phone:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Phone:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E-Mail:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Household Phone Preferences apply to all active members of this household.*



HILLSBORO R-3 SCHOOL DISTRICT 2012-2013
INTERNET ACCESS AND COMPUTER USAGE POLICY
STUDENT AND PARENT AGREEMENT FORM
(Student User Agreement)

I have read the Hillsboro R-III School District Technology Usage policy, administrative regulations, and netiquette guidelines and agree to abide by their provisions. I understand that violation of these provisions (**Sample violations include downloading or streaming music from the Internet, installing or using software/games not owned by the district, using your network drive to store data or programs that are not used in an approved class project, etc.**) may result in disciplinary action taken against me, including but not limited to suspension or revocation of my access to district technology, and suspension or expulsion from school.

I understand that my use of the district's technology is not private and that the school district may monitor my use of district technology, including but not limited to accessing browser logs, e-mail logs, and any other history of use including on student-owned devices connected to district technology. I consent to district interception of or access to all communications I send, receive or store using the district's technology resources, pursuant to state and federal law, even if the district's technology resources are accessed remotely.

Student Name (Print Neatly) _____

Signature of Student/Date _____

Graduation Year _____

Home Address: _____

Home Phone Number: _____

The Technology Usage Policy and Lab Rules can be viewed at <http://www.hillsboro.k12.mo.us/dc/techuse/>
(Parent/Guardian Technology Agreement)

I have read the school district's Technology Usage policy, administrative regulations, and netiquette guidelines. I understand that violation of these provisions may result in disciplinary action taken against my child, ward or child within my care, including but not limited to suspension or revocation of my child's or ward's access to district technology, and suspension or expulsion from school.

I understand that my child's or ward's technology usage is not private and that the school district will monitor my child's or ward's use of district technology, including but not limited to accessing browser logs, e-mail logs, and any other history of use including on student-owned devices connected to district technology. I consent to district interception of or access to all communications sent, received or stored by my child or ward using the district's technology, pursuant to state and federal law, even if the district's technology resources are accessed remotely.

I agree to be responsible for any unauthorized costs arising from my child's, ward's or child within my care's use of the district's technology resources. I agree to be responsible for any damages incurred by my child, ward or child within my care.

I understand that my child or ward may receive recognition or have school related-content (group and/or individual photos, articles, etc.) posted about them on the district's website.

I give permission for my child or ward to utilize the school district's technology resources.

Signature of Parent-Guardian/Date: _____

Home Address: _____

Home Phone: _____



For Office Use Only

- Infinite Campus
- Transportation
- Food Service
- Library
- Nurse

Transportation Information

As we register your child for school, we strive to ensure the safe and accurate transportation of our District's students. Because of the variations in transportation needs regarding pick-up and drop-off locations, or other non-home care issues - daycares, grandma's, or many other alternate accommodations to & from school - we need to have information for your students' pick-up and drop-off locations, if other than their home. If we do not have accurate information on alternate pick-up and drop-off locations, the routing & scheduling software will automatically route the students using their home address, potentially placing them on incorrect routes and stops.

Please fill out this information sheet and return it to your child's' school at the time of registration, or as any long-term needs change, so we can meet scheduling needs and route publishing deadlines as quickly and accurately as possible.

Student ID# _____ **Student's Name** _____ **Grade** _____

Home Address _____ **Phone** _____

Parent's Name _____ **Cell #** _____

Emergency Contact(s)

Name _____ **Ph:** _____ **Cell:** _____

Name _____ **Ph:** _____ **Cell:** _____

- My student will be picked-up/dropped-off at home – no other stops needed
- My student will not need any bus transportation to or from school – no bus needed
- My student will need alternate bus pick-up/drop-off locations, as listed below

Please indicate "from" and "to" addresses where your student is going if different than your home address (for example: 9621 Highway 21, Hillsboro). If the locations vary from day-to-day, please note this by day. Provide as much information as possible!

FROM (mornings): _____

Circle days of the week: *Mon* *Tue* *Wed* *Thurs* *Fri*

Relationship, Name, & Phone #: _____

TO (afternoons): _____

Circle days of the week: *Mon* *Tue* *Wed* *Thurs* *Fri*

Relationship, Name, & Phone #: _____

FROM (mornings): _____

Circle days of the week: *Mon* *Tue* *Wed* *Thurs* *Fri*

Relationship, Name, & Phone #: _____

TO (afternoons): _____

Circle days of the week: *Mon* *Tue* *Wed* *Thurs* *Fri*

Relationship, Name, & Phone #: _____



Student Medical Information

STUDENT NAME: _____ **GRADE:** _____

Medical or Health Concerns: _____

Does your child have: ASTHMA SEIZURES HEART DEFECT/MURMUR

Does your child take daily medication? Yes No

List the name and dosage of the medication: _____

Any Allergies? _____

Does your child wear GLASSES _____ or CONTACTS _____

Date of last physical exam _____

Name and number of family physician _____

Name of preferred hospital (if feasible) _____

In case of serious injury, I request the school to contact me. If the school is unable to contact me, I hereby authorize the school to make whatever arrangements deemed necessary.

SIGNATURE OF PARENT/GUARDIAN _____

DAYTIME PHONE NUMBER _____

EVENING PHONE NUMBER _____

CELL PHONE NUMBER _____

For Office Use Only:

Height _____

Weight _____

Dental Check: Pass Fail

Vision Acuity Right: Pass Fail

Vision Acuity Left: Pass Fail



INFINITE CAMPUS PORTAL PARENT/GUARDIAN ACCESS REQUEST FORM

**Important! If you are enrolled with Parent Portal you DO NOT need to complete this form.
Your new student will automatically be added.**

The Hillsboro R-3 School District is now offering parents with students in grades Kindergarten through 12th grade the opportunity to sign up for our campus portal. The campus portal is a customized, secure web site that gives our parents and students secure access to the information found in our new school management software – including attendance and grades. In order to protect the confidentiality of all student records, all parents/guardians who want to use this new service are required to fill out this form and return it to any one of your students' school buildings. Please bring a **photo ID** with you when you return the form. You do not need to fill out a separate form for each student. **However, if parents/guardians want to each have their own sign in, both parents/guardians will need to fill out a form.**

Please Print

Parent/Guardian
Name: (one name per form) _____
(First Name, Middle Initial, Last Name)

Parent/Guardian
Home Address _____
(Street Address) *(City)* *(State)* *(Zip)*

Parent/Guardian
Home Phone () - Work Phone () -

Parent Guardian E-Mail Address _____ @ _____

<i>Please list all students</i> Student Name	Your Relationship to Student (ex. Mother, Father)	Reside with Student? (Yes or No)	Grade Level

I certify that all of the above information is true and I have legal authority to access the records of the student(s) listed above.

Parent/Guardian Signature _____ Date _____
Signature & ID must be that of Parent/Guardian shown on first line *mm/dd/yyyy*

Once the information provided above is verified and processed, you will receive your Infinite Campus Activation Key. Upon receiving the Activation Key, you will be able to access the Campus Portal via the Hillsboro R-3 Website at www.hillsboro.k12.mo.us and clicking on the Infinite Campus Logo. →

Instructions for using the campus portal are available on our website.

For technical assistance, please email campus_support@mail.hillsboro.k12.mo.us.

Office Use Only:

Date Returned _____ ID Verified Form & ID Checked by _____

Verify E-Mail Activation Key Provided Date Key Provided _____ Initials _____