



**JACKSON**  
**PUBLIC SCHOOLS**

Transforming lives through  
excellent education



## PARENT & FAMILY ENGAGEMENT CENTER

4650 Manhattan Road | Jackson, MS 39206 | (601) 960-8945

Keila R. Adams, Parent Center Specialist

# STUDENT PRESCRIPTION SHEET

DATE: \_\_\_\_\_

PARENT'S NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_ PARENT'S EMAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_ MSIS NO.: \_\_\_\_\_

TEACHER: \_\_\_\_\_ GRADE: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

### ACADEMIC SERVICES NEEDED:

1.	6.
2.	7.
3.	8.
4.	9.
5.	10.

### COMMENTS:

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X \_\_\_\_\_  
Signature of Requestor/Title

\_\_\_\_\_  
Date of Request

X \_\_\_\_\_  
Signature of Parent (To Be Signed Once Items Are Received)

\_\_\_\_\_  
Date Received

NOTE: This form may be completed by the classroom teacher, teacher assistant, or parent and/or guardian, then taken to the Parent & Family Engagement Center by the parent to pick up the material.