

ACTIVEPARENT REQUEST FORM

Jackson Public School District

www.jackson.k12.ms.us

Parent/Guardian (Print Clearly)		Month & Day of Birth ____ / ____	
Address		Contact Number (Print Clearly)	
City		State	
ZIP Code		Email Address: (Print Clearly)	

<input type="checkbox"/>	I am requesting an ActiveParent account to gain access to available information regarding my child.
<input type="checkbox"/>	I would like to add another child to my EXISTING ActiveParent account.

Please list below the names, grade, and school of **ALL** children who are currently enrolled in Jackson Public Schools.

Name of Student (Print Clearly)	Grade	Name of School (Print Clearly)

Parent/Guardian is required to provide a **Username** for the ActiveParent account to be created.

- The username will be your last name along with the month and day of birth. **Ex. Doe0117**
- A generic password will be provided when the account has been created. The system will prompt user to change password when first logging into the ActiveParent portal.
- Valid Picture Identification (I.D.) – *attach a clear copy to form*

Existing ActiveParent users will need to provide the following:

- Current Username
- Valid Picture Identification (I.D.) – *attach a clear copy to form*

New User Username		Existing User Username	
(Print Clearly)		(Print Clearly)	

Parent Signature		Date Signed	
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Office Use Only

Yes No

<input type="checkbox"/>	<input type="checkbox"/>	It has been verified that the requesting parent/guardian has been approved to view his/her child's record and has been registered as an ActiveParent user.
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District Official Signature		Date Signed	
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