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:

_____

_____

_____

_____

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.