

**JACKSON R-2 SCHOOL DISTRICT
Parent Portal Parent Registration Form**

For security purposes, you must return this completed form to any Jackson R-2 school **in person** and show a **photo ID** when you register.

- I am registering for the first time.
- Update my information in Parent Portal.

Parent First Name	
Parent Last Name	
Email	
Phone Home	
Phone Work	
Phone Cell	
Mailing Address	
City	
State	
Zip Code	

	Student 1	Student 2	Student 3
School			
First Name			
Last Name			
Birthdate			
Grade			

_____ _____

Parent Signature *Date*

For Office Use	Building	Date
Identification Verified		
Entered Into SIS		