Congratulations and welcome to the JSU Parents and Family Association. You automatically become a member when your son or daughter enrolls at Jackson State University. There is no fee to join. Our goal is to keep you informed about campus events, important dates and information that you and your student will find helpful. Please complete the information below and email to gilda.a.robinson@jsums.edu or call the Center for Student Engagement and Inclusion at 601-979-1179. You will receive our electronic newsletter, postal mailings and various correspondences.

PARENT INFORMATION:

Contact Name: ___________________________________ Relationship: (check one) □ Father □ Mother □ Grandparent □ Guardian □ Step-parent □ Other

Street Address: ________________________________________________________________

City __________________________________ State ___________________________ ZIP __________

E-mail: ________________________________________________________________

Phone: (H) _____________________ (C) ____________________

JSU Graduate: □ Yes □ No Are you interested in the Parent Leadership Council? □ Yes □ No

Contact Name: ___________________________________ Relationship: (check one) □ Father □ Mother □ Grandparent □ Guardian □ Step-parent □ Other

Street Address: □ same as above ________________________________________________________________

City __________________________________ State ___________________________ ZIP __________

E-mail: ________________________________________________________________

Phone: (H) _____________________ (C) ____________________

JSU Graduate: □ Yes □ No Are you interested in the Parent Leadership Council? □ Yes □ No

STUDENT INFORMATION: (Please list all students you have enrolled at JSU)

Student’s Name: ___________________________ Birthday: (Month, Day, Year) __________________

Student’s year in school for academic year (Check One) □ 1st Year □ 2nd Year □ 3rd Year □ 4th Year □ Other____

Student’s Name: ___________________________ Birthday: (Month, Day, Year) __________________

Student’s year in school for academic year (Check One) □ 1st Year □ 2nd Year □ 3rd Year □ 4th Year □ Other____

Student’s Name: ___________________________ Birthday: (Month, Day, Year) __________________

Student’s year in school for academic year (Check One) □ 1st Year □ 2nd Year □ 3rd Year □ 4th Year □ Other____