



**LEXINGTON  
CITY SCHOOLS**

## Jacket Parent Academy (JPA) Membership Form

Name: \_\_\_\_\_

Phone & Email: \_\_\_\_\_

School Affiliation: \_\_\_\_\_

### Statement of Understanding:

I understand that JPA is a resource designed to seek my involvement as a parent, support me in my academic involvement with my child/children and help me strive to maximize my success and my child/children(s) success in academics.

I understand that JPA provides monthly equitable, diverse educational opportunities (parental sessions) to help me understand/increase my understanding of critical elements pertaining to student academics. These opportunities are also provided to empower my confidence in aiding my child/children to excel academically.

I understand that prizes will be awarded when attending parental sessions. The size of the prize will represent the number of sessions attended. If I attend all sessions offered by JPA, I will be awarded a prize at the end of the school year and also graduate from the JPA program.

With my involvement, I understand that my child has/children have a high potential for growth and success in the following areas: grades, test scores, behavior, attitude, attendance relationships and social skills.

I also acknowledge that JPA is a platform that encourages volunteerism and the use of my talents as a method of involvement to increase my presence and skills within the LCS District. I acknowledge that the volunteer duties I wish to accept/talents I wish to provide, will be discussed with appropriate school/district personnel and that time donated will be documented.

### Parent Pledge

I pledge to:

\_\_\_\_\_ Attend the monthly parental sessions provided by JPA to increase my knowledge of critical elements related to my child/children (s) academics.

\_\_\_\_\_ Apply the information learned from the parental sessions to:



**LEXINGTON  
CITY SCHOOLS**

\*help my child/children excel academically (grading, test scores, attendance, behavior, relationships, attitude, social skills)

\*help and encourage my child/children to be more responsible in his/her/their own education

\*boost my child/children (s) confidence and my confidence as a parent

\*help alleviate certain work-life-child-school stressors for me as a parent

\*express my views, share concerns and ask questions regarding my child/children (s) education

\_\_\_\_\_ Volunteer my time/talents only **if** time allows.

By signing this form, I am confirming my understanding of the guidelines and requirements of the Jacket Parent Academy. I will strive to be diligent in my participation efforts and aiding in the success of my child/children.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_