

GRANDPARENT/SPECIAL FRIEND INFORMATION

(Form M – 3) 2009 - 2010



Please print clearly. One form per family.

There are times throughout the school year that scheduled activities would be of interest to the grandparents and special friends of our student body. Please fill out this form so that we can send out mailings when appropriate. Thank you for your assistance.

AOA Student name(s)

1st Student _____
2nd Student _____
3rd Student _____
4th Student _____

Grandparent ____
Special Friend ____

Name _____

Street Address _____

City _____

State _____

Zip _____

Home Phone _____

Email address _____

Grandparent ____
Special Friend ____

Name _____

Street Address _____

City _____

State _____

Zip _____

Home Phone _____

Email address _____

Grandparent ____
Special Friend ____

Name _____

Street Address _____

City _____

State _____

Zip _____

Home Phone _____

Email address _____

Grandparent ____
Special Friend ____

Name _____

Street Address _____

City _____

State _____

Zip _____

Home Phone _____

Email address _____