Grandparent's Day Invitation Form

Student Name(s):				
Grade(s):				
Please print information b	oelow for each	grandparent or spe	cial friend:	
Relationship:	□Paternal	□Special Friend		
Name(s)				
Address				
City		State	Zip	
Email				
Relationship:	□Paternal	□Special Friend		
Name(s)				
Address				
City		State	Zip	
Email				

Please return form to homeroom teacher by Friday, January 17, 2020.