

# Grandfriend's Day

Each year we plan a special day for our students to share their school with a Grandparent or a Special Friend.

Please provide us with contact information of your family's grandparent's and/or special friends.

We need **full names (title, first name, last name) and complete addresses (including zip code)**. Please complete the request information by **July 15th**. You may also email this information to [academy@academyhill.org](mailto:academy@academyhill.org) or fax (413)781-4806.

**Academy Hill student/s name/s:** \_\_\_\_\_

**\*Please include both first & last name of each person listed, and Mr., Mrs., Ms.**

## Grandparent/friend (1)

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

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Email: \_\_\_\_\_

## Grandparent/friend (2)

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

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Email: \_\_\_\_\_

## Grandparent/friend (3)

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

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Email: \_\_\_\_\_

## Grandparent/friend (4)

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

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Email: \_\_\_\_\_