



Grandparent Form

Lafayette Lutheran School

Please fill out this form for grandparent contact information, and any other close relatives or friends who would like to receive our mailings

STUDENT'S NAME _____ GRADE _____

MATERNAL GRANDMOTHER: _____

ADDRESS: _____

EMAIL: _____

HOME PHONE: _____ CELL PHONE: _____

MATERNAL GRANDFATHER: _____

ADDRESS: _____

EMAIL: _____

HOME PHONE: _____ CELL PHONE: _____

PATERNAL GRANDMOTHER: _____

ADDRESS: _____

EMAIL: _____

HOME PHONE: _____ CELL PHONE: _____

PATERNAL GRANDFATHER: _____

ADDRESS: _____

EMAIL: _____

HOME PHONE: _____ CELL PHONE: _____

NAME: _____

RELATION: _____

ADDRESS: _____

EMAIL: _____

HOME PHONE: _____ CELL PHONE: _____