

2019-2020 GRANDPARENTS' AUXILIARY

Barrington Christian Academy would like to include all grandparents in our Grandparents' Auxiliary. We would appreciate everyone returning this form. If our information is up to date, just write "no changes" and write the last name of the grandparent. **Grandparents' Day will be held this year on Friday, October 11. Invitations will be going out the first week of school.**

Student(s): _____

1) Grandparents' Names: _____, _____
Last Title (Dr., Rev., Mr., Mrs.)

First names _____

Address _____

City, State, Zip _____

Email Address: _____

Phone number (____) _____

Comments: _____

Alternate address? _____ Dates applicable: _____

Address _____

City, State, Zip _____

2) Grandparents' Names: _____, _____
Last Title (Dr., Rev., Mr., Mrs.)

First names _____

Address _____

City, State, Zip _____

Phone number (____) _____

Email Address: _____

Comments: _____

Alternate address? _____ Dates applicable: _____

Address _____

City, State, Zip _____

Please note: You will help us if you call in any changes of address during the year. Also, if a grandparent passes away, we would like to be courteous and properly change our files. Thanks for your help.

Student(s): _____

3) Grandparents' Names: _____, _____
Last Title (Dr., Rev., Mr., Mrs.)

First names _____

Address _____

City, State, Zip _____

Email Address: _____

Phone number (____) _____

Comments: _____

Alternate address? _____ Dates applicable: _____

Address _____

City, State, Zip _____

4) Grandparents' Names: _____, _____
Last Title (Dr., Rev., Mr., Mrs.)

First names _____

Address _____

City, State, Zip _____

Phone number (____) _____

Email Address: _____

Comments: _____

Alternate address? _____ Dates applicable: _____

Address _____

City, State, Zip _____