

# CDS Grandparents & Special Friends Form

Please complete the following form and return it to the school office so we can place your student's Grandparents and Special Friends on our mailing list.

CDS Student Information	
Student's name:	Grade or class:
Student's name:	Grade or class:
Student's name:	Grade or class:

CDS Parent 1 Name	CDS Parent 2 Name



CDS Grandparent(s) Information	CDS Grandparent(s) Information
Name:	Name:
Address:	Address:
Phone:	Phone:
E-mail;	E-mail;
<input type="checkbox"/> Please send the <i>CDS Coop</i> (an informative CDS weekly e-mail) to this person.	<input type="checkbox"/> Please send the <i>CDS Coop</i> (an informative CDS weekly e-mail) to this person

Special Friend(s) Information	
Name:	Name:
Your relationship to the parent(s) of the student(s):	Your relationship to the parent(s) of the student(s):
Address:	Address:
Phone:	Phone:
E-mail:	E-mail:
<input type="checkbox"/> Please send the <i>CDS Coop</i> (an informative CDS weekly e-mail) to this person.	<input type="checkbox"/> Please send the <i>CDS Coop</i> (an informative CDS weekly e-mail) to this person.