



## GRANDPARENT INFORMATION FORM

☐ Please check this box  
if this is your family's  
first year at VCS  
K-12.

We consider grandparents an important part of our school community. Having contact information will allow us to send Elementary School grandparents an invitation to Grandparents & Special Friends Day and keep all grandparents informed about other events on campus. Please fill out the information below and return the completed form to the school office. *Thank you!*

Student Name(s): \_\_\_\_\_ Grade(s): \_\_\_\_\_

Parent Name(s): \_\_\_\_\_

### Paternal Grandparent(s)

Grandfather (First Last): Mr. \_\_\_\_\_

Grandmother (First Last): Ms. / Mrs. \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

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

### Paternal Grandparent(s)

Grandfather (First Last): Mr. \_\_\_\_\_

Grandmother (First Last): Ms. / Mrs. \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

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

### Maternal Grandparent(s)

Grandfather (First Last): Mr. \_\_\_\_\_

Grandmother (First Last): Ms. / Mrs. \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

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

### Maternal Grandparent(s)

Grandfather (First Last): Mr. \_\_\_\_\_

Grandmother (First Last): Ms. / Mrs. \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

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