

L.T.A.C. PARENT GROUP INFORMATION FORM

To assist the L.T.A.C. Parent Group in preparing a student/parent contact list, we would appreciate all parents to fill out the following information. If you prefer to have your personal information held confidential please leave those portions blank and identify the best method to contact you: _____

Student Name: _____ Student Division: _____
Parent Name(s): _____
Home Address: _____ _____
Phone Number(s): _____
Email Address(es): _____

L.T.A.C. PARENT GROUP INTEREST

If you are interested in joining the L.T.A.C. Parent Group, please fill out the following information. If you would like to be the chair of a particular committee, please specify.

Desired L.T.A.C. Parent Group Position: _____