



# RSVP



University Laboratory School

# Grandparents Go Green!

Join us

*K-5<sup>th</sup> Grade Grandparents and Grandfriends*

*Friday, May 8, 2009 \* 8:00 am-10:30 am*

**THIS FORM TO BE COMPLETED BY CURRENT K-5<sup>th</sup> GRADE PARENT(S)  
Please print clearly and return this form by March 13, 2009.**

You can return this form to the school with the student or in the mail:

University Laboratory School Foundation, LSU, Baton Rouge, LA 70803, or fax it to 225.578.3326.

Please provide the name of person(s) attending and check appropriate relationship.

(Also, if the guest is a graduate of U-High, please designate graduation year.)

Name: \_\_\_\_\_

Grandparent  Grandfriend  Alum YR \_\_\_\_\_ E-Mail \_\_\_\_\_

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

Name: \_\_\_\_\_

Grandparent  Grandfriend  Alum YR \_\_\_\_\_ E-Mail \_\_\_\_\_

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

Name: \_\_\_\_\_

Grandparent  Grandfriend  Alum YR \_\_\_\_\_ E-Mail \_\_\_\_\_

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

Name: \_\_\_\_\_

Grandparent  Grandfriend  Alum YR \_\_\_\_\_ E-Mail \_\_\_\_\_

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

**Please provide your child(ren)'s name and grade level:**

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

