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Student Technology Information

3/23/2020

Parents and Guardians please fill the information out below and email it hnunley@grundyk12.com

Teacher: _____

Student's First, Middle and Last Name: _____

Student's Grade: _____ Student's Birthday:(month/day/year) _____

Parent's First and Last Name: _____

Mailing Address:

Parent's Phone Number: _____

Do you have internet service? _____

What type of technology devices do you have: _____

Parent's Email Address: _____

Best time to contact parents: _____

Would you like for your child(ren) to receive meals during the time off? _____

Would you or someone be able to bring your child(ren) to a meal site? _____

If yes, which site? _____

Adults need assistance with food? Concerns: