

Please state your interests and preferences by checking the box to the left and providing the appropriate information. Thank you.

Parent Name:		Student(s) Name(s):	
<input type="checkbox"/>	I am interested in receiving information from a GATE Parent Representative.		
<input type="checkbox"/>	Please contact me by mail. mailing address:		
<input type="checkbox"/>	Please contact me by e-mail. e-mail address:		
<input type="checkbox"/>	Please contact me by phone. Phone number:		best time to call:
Please feel free to include specific concerns or questions below:			

Please return completed forms into the office at your earliest convenience.

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