Parent Communication Survey

Student Name:

Parent Name:

Check the box that best fits your preference:

* Yes, I received an email from Becky Tengs about our newsletter
* Yes, I received an email, but I would prefer a PAPER COPY each week
* No, I did NOT receive an email. My email address is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* No, I did NOT receive an email; and I would prefer a PAPER COPY each week

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* No, I did NOT receive an email; and I would prefer a PAPER COPY each week

Estudio Comunicación Padres

Nombre del Alumno:

Nombre del Padre:

Marque la casilla que mejor se adapte a su preferencia:

* Sí, he recibido un mensaje de correo electrónico de Becky Tengs acerca de nuestro boletín.
* Sí, he recibido un mensaje de correo electrónico, pero yo prefiero una copia en papel cada semana
* No, no he recibido un mensaje de correo electrónico. Mi dirección de correo electrónico es: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* No, no he recibido un mensaje de correo electrónico; pero yo prefiero una copia en papel cada semana