

(office use only) Angel # _____

Gift Request form: return by **Wednesday, 10/21** to front office, student services or homeroom

Please read- IMPORTANT: This form must be completed by parent or guardian only. *Forms filled out by students will **NOT** be accepted. If you have participated in ANY other Christmas Program for THIS student such as Toys for Blount co, Christmas Wishes etc. the request form will be returned.

Parents: Please complete **ENTIRE** form except for the Hawk Angel #. That will be assigned by the Angel Tree committee.* **If there are siblings at CGIS, please return forms together.**

Name of Student: _____

Names of siblings at CGIS _____

Street Address: _____

Parent/guardian name responsible for gift
pickup: _____

Best phone numbers to reach you: _____

Homeroom teacher: _____

Grade: _____ Circle: Boy or Girl

Shirt size: _____ Pant size: _____ Shoe size _____

PJ's size _____ Sock style _____

Gift Wishes: Please limit 3-4 items, **avoid expensive electronic items**, please indicate * two items that are highest priority or need.

