

ST. JOHN SCHOOL ALUMNI QUESTIONNAIRE

TODAY'S DATE: _____ YEAR GRADUATED: _____

NAME: _____ MAIDEN NAME: _____

HIGH SCHOOL ATTENDED: _____ YEAR GRADUATED: _____

COLLEGE ATTENDED: _____ YEAR GRADUATED: _____

MAJOR: _____ OCCUPATION: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

E-MAIL ADDRESS: _____

HOME PHONE: _____ ALTERNATE PHONE: _____

PARISH: _____ SERVICE CLUBS/ORGANIZATIONS: _____

YOUR FAMILY INFORMATION (SPOUSE, CHILDREN, ETC.): _____

CONTACT INFORMATION FOR ANY OTHER GRADUATES THAT YOU KNOW: _____

IN MEMORIAM (ANY ALUMS THAT YOU KNOW HAVE PASSED): _____

ABOUT YOUR SCHOOL YEARS:

FAVORITE TEACHER: _____ FAVORITE MEMORY: _____

FAMILY TIES (SIBLINGS, COUSINS, PARENTS WHO ARE ST. JOHN ALUMS): _____

THANKS FOR TAKING THE TIME TO KEEP IN TOUCH!