

Knights Alumni Information

Let's Stay in Touch

Name:

First: _____

Last: _____

Middle: _____

Maiden (If applicable): _____

Address:

Street: _____

City: _____, State: _____

Zip Code: _____

Contact Information:

Email: _____

Cell Number: ____-____-_____

Work Number: ____-____-_____

Home Number: ____-____-_____

Education Information:

College Attended: _____

Degree Earned: _____

Occupation Information:

Occupational Title: _____

Employer: _____

Children

Child's Name/Age: _____/_____

Child's Name/Age: _____/_____

Child's Name/Age: _____/_____

Child's Name/Age: _____/_____

SHJHS Graduation Year: _____

After filling out this form please email it to: alumni@shjhs.org