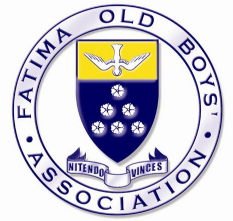


FATIMA ALUMNI REGISTRATION FORM



(REQUIRED INFORMATION)

Name / /
(Surname) (First Name) (Initials)

Date of Birth: (YYYY-MM-DD)

Year of Entry Class (Group) Year of Leaving (Form 5 or year of exit if did not graduate):

Mailing Address:

Address

Email Address 1:

City

Email Address 2:

State / Province Zip Code

Phone (cell preferable)

Country

☐ Display name only on website

☐ Display name & email address only on website

☐ Display full details on website

(OPTIONAL INFORMATION)

Marital Status: # of Children # Ages 0-5 # Ages 6-10 # Ages 11-14 # Ages 15-18

Year of Graduation: Form 5: Form 6:

Employer:

Home Address:

Address

Work Address:

Address

City

City

State / Province Zip Code

State / Province Zip Code

Country

Country

Email Address 3:

Other Phone Contacts: (H) (W) (C) (Fax)

Area of Expertise:

Area of Interest(x): (Where you would like to be willing to provide support to the college)

Football ☐ Cricket ☐ Hockey ☐ Table Tennis ☐ Golf ☐ Fishing ☐ Hiking ☐

Basketball ☐ Rugby ☐ Track & Field ☐ Career Guidance ☐ Counselling ☐

Events to which you would like to contribute services, products, etc :(x)

Cookout: Cooking ☐ Willing to Help: ☐ Mayfair: ☐ Sports: ☐ Carnival Fete: ☐

Pledge: Amount Frequency

Suggestions