

WE WOULD LOVE TO HEAR HOW YOU ARE DOING!

St. Thomas School is putting together an Alumni Group to reunite friends. *Please take a moment to complete this page and send back to St. Thomas.* We will keep you informed as we begin to plan an **STS All-Class Reunion** later this year.

Graduation Year from St. Thomas School: _____ Last Name (at graduation): _____

Last Name (if changed): _____ First Name: _____

Home E-mail Address: _____

Home Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone Number (with area code): _____

High School attended: _____ Yr. of Graduation: _____

College/University attended: _____ Yr. of Graduation: _____

Degree Received: _____

Occupation: _____

Place of Employment: _____

Work Address: _____

City: _____ State: _____ Zip Code: _____

Work Phone Number (include area code): _____

Fax Number: _____

Married: Yes _____ No _____

Spouse's Name: _____ Is Spouse a St. Thomas Alumni: Yes/No

Children's Name & Birthdate: _____

Check us out on the Web: www.stselkhart.com