

WHERE ARE YOU NOW?
ALUMNI QUESTIONNAIRE

First Name: _____ Middle: _____ Last: _____ Maiden: _____

Home Address: _____

Birth Date: _____ Marital Status: _____

Home Phone: _____ Cell: _____

E-Mail: _____ Website (if any): _____

Name of Spouse: _____

Name(s) of Children: _____

Date of enrollment at St. Andrew Avellino School: _____ Grade enrolled in: _____

Date of graduation: _____

If you didn't graduate from St. Andrew Avellino School, when did you leave: _____

High School: _____ Date of graduation: _____

College: Institution & Campus: _____
Degree & Date Received: _____

Graduate School: Institution & Campus: _____
Degree & Date Received: _____

Employer: _____ Title: _____

Business Address: _____

Business Phone: _____ Fax: _____

Is your company a matching gift company: _____ Yes _____ No

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS FORM!!!
A DONATION OF \$15 IS APPRECIATED.

Please return form to: Saint Andrew Avellino School Alumni Association
35-50 158th Street
Flushing, New York 11358