



Ste Jeanne d'Arc School

The Journey Begins

ALUMNI UPDATE FORM

Class of: _____

Name: _____ **Maiden Name:** _____

Address: _____
Street City State Zip Code

Telephone: _____ **E-Mail:** _____

Cell Phone: _____ **Year of SJA Graduation:** _____

High School: _____ **Year of Graduation:** _____

College/University Attended: _____

Year of Graduation: _____ **Degree/Major:** _____

Honors/Awards received in College: _____

Name of Company/Employer: _____

(If retired, name of former company/employer)

Title: _____ **Position:** _____

Does your Employer Have a Charitable Matching Program? _____ **Yes** _____ **NO**

(If yes, please notify them of any donations made to SJA)

Are you Engaged? _____ **Married?** _____ **Divorced?** _____ **Widowed?** _____

Fiancé/Spouse's Name: _____

Is he/she a graduate of SJA? _____ **Year of spouse's SJA graduation:** _____

Are there any other SJA graduates in your family?

Name/Relationship(maiden name if applicable) **Current Address** **Class of**

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Name/Relationship(maiden name if applicable) **Current Address** **Class of**

What online social network do you use, if any? _____

Do you have any news you'd like to share with your classmates?

You may also complete this form online at www.sjarc.org. If you have any questions, please call the Advancement Office at 978-454-7038. Thank you for participating in this survey.