

Guardian Angels Catholic School Alumni Survey

Today's Date: _____

Identification			
Name:		Class:	
Address:			
City:	State:		Zip Code:
Telephone:		Email Address:	

Marital Status	Married	Single	Widow/er	Divorced	Remarried
If married alumna, please give your maiden name:					
Spouse's name:					
Did spouse attend GA?	Yes	No	Graduate?	Yes	No

Children	
Name:	Birthday:
Name:	Birthday:
Name:	Birthday:
Name:	Birthday:

Attendance			
Years you attended Guardian Angels Catholic School		From _____ to _____	
Graduated?	Yes	No	Graduation Year:

Beyond Guardian Angels			
High School	Name:		From _____ to _____
Graduated?	Yes	No	Graduation Year:
Colleges/Universities	Name:		
From _____ to _____	Major:		
Year Graduated:	Degree:		
Colleges/Universities	Name:		
From _____ to _____	Major:		
Year Graduated:	Degree:		

Present Occupation/Profession			
Position/Title:		Company/Firm:	
Business Address:			
City:	State:		Zip Code:
Business Telephone:		Email Address:	
If retired, former occupation:			Date of Retirement:

Relatives – Please list any relatives who have attended Guardian Angels Catholic School (indicate their relationship to you and their class)		
Name:	Relationship:	Year:
Name:	Relationship:	Year:
Name:	Relationship:	Year:
Name:	Relationship:	Year:

Other Alumni – Please list any other alumni that you believe would like to hear from Guardian Angels Catholic School (provide contact information, if possible)	
Name:	
Telephone:	Email Address:
Name:	
Telephone:	Email Address:
Name:	
Telephone:	Email Address:

Please print and mail completed survey to:
Mrs. Lauren Perry
c/o Guardian Angels Catholic School
521 East Fourteen Mile Road
Clawson, MI 48017