

St Stephen's Catholic College

ALUMNI REGISTRATION

PERSONAL DETAILS

First Name: Last Name:

Street Address:

Town or Suburb: Post Code:

State: Contact Phone:

Email: Years attended St Stephen's: to

CURRENT STATUS

I am employed: Full time Part time: Casual:

Employer: Position:

I am currently studying: Full time Part time:

Bachelor Degree: Diploma: Certificate: Post Graduate: Masters:

Course title: Year of completion:

Institution: Location:

JOURNEY AND ACHIEVEMENTS

Please describe your journey and list any special achievements you have obtained since graduating from St Stephen's Catholic College.

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TESTIMONIALS

Please provide a testimonial from your time at St Stephen's Catholic College.

My favourite memory

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St Steohen's helped me to/by

.....

My journey was influenced by

.....

I give permission to use my achievements and accomplishments for promotional purposes.

I give permission to use my photographs (refer to attached)

Signature: Date: