

# St. Mary's Catholic School

## Alumni Survey



Date: \_\_\_\_\_

### 1. Identification

Name: \_\_\_\_\_ Class of (year): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ Telephone: (\_\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_

### 2. Marital Status (circle one)

Married      single      widow/er      divorced      remarried

If married alumna, please give your maiden name: \_\_\_\_\_

### 3. Spouse Information

Spouse's Full Name: \_\_\_\_\_

### 4. Attendance

Years you attended St. Mary's School: From \_\_\_\_\_ to \_\_\_\_\_

Graduate?      Yes      No

If non-graduate, please list school/s attended and year graduated from Grade 8.

School: \_\_\_\_\_ Attended From: \_\_\_\_\_ to \_\_\_\_\_

School: \_\_\_\_\_ Attended From: \_\_\_\_\_ to \_\_\_\_\_

### 5. High School

School: \_\_\_\_\_ Attended From: \_\_\_\_\_ to \_\_\_\_\_

School: \_\_\_\_\_ Attended From: \_\_\_\_\_ to \_\_\_\_\_

### 6. Colleges and/or Universities (Please include undergraduate, graduate and/or professional schools of study.)

College/University: \_\_\_\_\_ From: \_\_\_\_\_ to \_\_\_\_\_

Major: \_\_\_\_\_ Year Graduated: \_\_\_\_\_ Degree: \_\_\_\_\_

College/University: \_\_\_\_\_ From: \_\_\_\_\_ to \_\_\_\_\_

Major: \_\_\_\_\_ Year Graduated: \_\_\_\_\_ Degree: \_\_\_\_\_

### 7. Academic Honors

Honor: \_\_\_\_\_ Institution: \_\_\_\_\_

Honor: \_\_\_\_\_ Institution: \_\_\_\_\_

Honor: \_\_\_\_\_ Institution: \_\_\_\_\_

### 8. Children

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

### 9. Relatives (Please list any relatives who have attended St. Mary's School, indicating their relationship to you and their class year.)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Year: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Year: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Year: \_\_\_\_\_

10. Present Occupation/Profession

Position/Title: \_\_\_\_\_ Company/Firm: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ Telephone: (\_\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_

If retired, give date of retirement and former occupation or profession.

Date of Retirement: \_\_\_\_\_ Former Occupation/Profession: \_\_\_\_\_

11. Honors

Please list any memberships, honors, or distinctions that have come to you since you left school (public, business, civic, fraternal, published writings, scientific, military, religious and other):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. Present Parish/Church

Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

13. Current Areas of Interest

\_\_\_\_\_  
\_\_\_\_\_

14. Friends

Please list two friends who will always have your correct address:

1. Name: \_\_\_\_\_ Telephone: (\_\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

2. Name: \_\_\_\_\_ Telephone: (\_\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

15. Parents (If still living)

Mother's Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ Telephone: (\_\_\_\_\_) \_\_\_\_\_

Mail to: St. Mary's Catholic School  
Alumni Program  
405 Hollybrook Drive  
Longview, TX 75605

OR FAX TO: 903-758-7347