

**OFFICE of ALUMNI RELATIONS
ST. JOHN the EVANGELIST SCHOOL
1950 - FOREST GLEN / SILVER SPRING, MARYLAND - 2012**

In order for us to continue this **mission**, we need to keep **Alumni Records** current.

1. Kindly take a minute to complete your BIO information;
2. Mail, fax or email your bio to:

Alumni Relations Office Address listed below.

Graduation Year: _____

First Name: _____ Address: _____

Maiden Name: _____ Apt. # _____

Last Name: _____ City/State/Zip: _____

Telephone: (h) _____ (w) _____ (c) _____

Email: _____ Other: _____

High School: _____ College / University: _____

Degrees: _____; _____; _____

Awards / Honors / Office Held:

Check: **Single ?** _____; **Married ?** _____; **Religious/Clergy ?** _____;

Career – Occupation: _____ **Company:** _____

Status: _____ **Location:** _____

Full Time Job (check): _____ **Part Time Job** (check): _____ **Retired** (Check): Yes ? _____ No ? _____

Traveler: Trips - Places to share ~

_____.

Interested in attending an **Alumni Reunion?** Yes ? _____ No ? _____ **Season ?** _____

Interested to be your **Class Co-Rep?** Yes ? _____ No ? _____ If NO, name **suggested Class-Reps**
to make contacts for you. _____.

Optional: Your **life after graduation** means a lot to us. **Use reverse side to tell us about yourself ~**

Return this form to:

Principal Shindana Crawford
c/o Office of Alumni Relations
St. John the Evangelist School
10201 Woodland Drive
Silver Spring, Maryland 20902

(w) 301-681-7656
fax: 301-681-0745
scrawford@sjte.org