

ST. JOSEPH SCHOOL ALUMNI REGISTRATION FORM

If you are a graduate of St. Joseph School, please contact us.

We are updating our records and would love to have you included in our alumni directory.

To register, please complete this form and fax to 732-541-0676 or mail this form to:

St. Joseph School Alumni Committee, 865 Roosevelt Avenue, Carteret, New Jersey 07008

Or you can email to rjohnson@sjs.net. Thank you.

Name: _____

Maiden Name: _____

Address: _____

City/State/Zip: _____

Marital Status: _____ Home # _____

Mobile # _____ Work # _____

Email: _____ Occupation: _____

Company Name: _____

Company Address: _____

St. Joseph School – Year of Graduation: _____

High School Name: _____

City/State/Zip: _____

Year of High School Graduation: _____

College Name: _____

Degree: _____

Year of College Graduation: _____

College Name: _____

Degree: _____

Year of College Graduation: _____

City/State/Zip: _____