

SAINT JOSEPH SCHOOL ALUMNI REGISTRATION FORM

If you are a graduate of Saint 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 email to jmcknight@sjps.net or mail this form to: St. Joseph School Alumni Committee, 865 Roosevelt Avenue, Carteret, New Jersey 07008.

Thank you.

Name: _____

Maiden Name: _____

Address: _____

City/State/Zip: _____

Marital Status: _____ Home # _____

Cell # _____ 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: _____

City/State/Zip: _____

Degree: _____

Year of College Graduation: _____