



St. Joseph High School Old Students' Association

REGISTRATION FORM

First Name Last Name

Maiden Name (If applicable) Sex: ☐ Male ☐ Female

Address

Tele. (Land)

(Cell)

Email

DOB (Y/M/D)

Occupation

Place, Address and
Tele. No. of work

Admitted to SJH in the year Left SJH in the year Graduated (Yes/No)

.....
Signature Date:

FOR OFFICIAL USE ONLY

Ref #: _____ Date Entered _____

Knowledge

Love

Service