

St. John Vianney Catholic School
Alumni Questionnaire

Please Print

NAME: _____
(Maiden Name)

ADDRESS: _____

CITY: _____ ST: _____ ZIP: _____

TELEPHONE: (____) _____ EMAIL: _____

YEAR GRADUATED FROM SJV/D-M SCHOOL: _____

Tell us about yourself (i.e.; family, employment, interests/hobbies, etc.)

Something to share (i.e.; a special memory, memoriam, encouragement, etc.)

1. Fold along this line.



Place
Stamp
Here

Keeping In Touch!

St. John Vianney Catholic School
c/o Melinda Holm
2319 Bagley Street
Flint, MI 48504



2. Fold along this line.

Please tape this flap down.