

STM Alumni Registration

Full Name: _____

Maiden Name (if applicable): _____

Spouse: _____

Children? If so, how many? _____

Street Address: _____

City, State, Zip: _____

Phone Number: _____

Email Address: _____

Date of Birth: _____

Occupation: _____

Year of STM Graduation: _____

Number of years attended STM: _____

Do you have relatives currently attending STM: _____?

If yes, are they children, grandchildren, etc.?: _____

Would you like to receive updates about the Alumni Association? _____

Would you like to help organize class reunions? _____

Please return via US mail to: St. Thomas More School, Attn: Alumni Association, 800 Ohio Pike, Cincinnati, OH 45245

Or return by email to: Lknight126@aol.com

Thank you!!!