



ALUMNI INFORMATION FORM

Student Name: _____
Year of Graduation: _____
Phone Number: _____
Today's Date: _____

What have you done since graduation?

Attend College? If so, Where and for how long? Did you receive a degree or certificate?
What year(s) did you attend?

Work History? Where have you worked? For how long? Has it been part-time or full-time? Have you received benefits with the job(s)?

Did you go into a branch of the Armed Services?

Which one? _____ Number of Years? _____
What is your rank? _____

Were you incarcerated? _____ For What? _____
How Long? _____

Other / Additional Information: (Family / Accomplishments / Trips / Etc)

Thank You.

*Please fax to 444-9843
Or mail to 260 Cottage Street, Suite A, Littleton NH 03561
Or email to alumni@nccharteracademy.org*