



Community Montessori School Alumni Questionnaire

Name:			
Name while attending CMS:			
<u>CURRENT MAILING ADDRESS:</u>			
Street Address:			
City:	State:	Zip:	
<u>PERMANENT MAILING ADDRESS:</u>			
Street Address:			
City:	State:	Zip:	
Home Phone:			
Work Phone:			
Fax number:			
Mobile Phone:			
E-Mail Address:	Birthdate (mm/dd/yy)		
What years did you attend CMS?			
What levels did you complete (Primary: 3-5 / Junior: 9-12 / MMSK)?			
What year did you graduate CMS and/or MMSK?			
Where are you currently employed?			
Marital status:	If married, name of spouse:		
Do you have children?	If yes, names and ages:		
Father's name and address:			
Mother's name and address:			
How do you prefer to be contacted? (Email, mailing, phone, fax?)			
Would you be interested in an active alumni association? (Yes/No)			
Would you be interested in being included in the alumni directory (Yes/No)			
Tell us in which areas you are interested in volunteering (check all that apply)			
Social Events	Career Advise to Students		
Newsletter production	Phone bank		
CMS Alumni Directory	Fundraising/Endowment		
Speaking at Graduation	Volunteer coordination		
Additional comments:			

Privacy Policy: Please note that the above information will be for CMS database/records and will not be published without your prior consent. Only a limited amount of this information would be considered for publication in a future Alumni directory and again only after we have notified you and obtained your consent for publication.

Thank you for taking time to complete this questionnaire and for your interest in the Alumni Directory and CMS!