

**Grace Christian High School**

Grace Village, Quezon City

Tel. Nos. (02)364-7435, 366-2000, 364-1971(Fax)

**GRACE ALUMNI DATA SURVEY**

Please print:

**A. PERSONAL DATA:** Student No: \_\_\_\_\_ Year Graduated: \_\_\_\_\_ Date: \_\_\_\_\_  
 Family No.: \_\_\_\_\_ Alumni ID No.: \_\_\_\_\_

**a. ALUMNUS / ALUMNAE:**

Last Name \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_  
 Birthdate: \_\_\_\_\_ Sex: \_\_\_\_\_ Batch/Year: \_\_\_\_\_ Section: \_\_\_\_\_

**b. SPOUSE:** Lastname \_\_\_\_\_ Firstname: \_\_\_\_\_ Middle Name: \_\_\_\_\_

ALUMNI? ( )No ( )Yes, if yes, Graduated from Elem. ( )No ( )Yes Year: \_\_\_\_\_  
 Graduated from HS ( )No ( )Yes Year left GCHS: \_\_\_\_\_ Sec.: \_\_\_\_\_

**B. RESIDENTIAL DATA:**

Address: \_\_\_\_\_

Tel No (day) \_\_\_\_\_ (eve) \_\_\_\_\_

Cell phone No.: \_\_\_\_\_ E-mail Address: \_\_\_\_\_ Fax No. \_\_\_\_\_

**C. PROFESSIONAL DATA:**

Profession: \_\_\_\_\_ Company Name: \_\_\_\_\_

Position: \_\_\_\_\_ Address: \_\_\_\_\_

Tel Nos.: \_\_\_\_\_ E-mail Address: \_\_\_\_\_ Fax No. \_\_\_\_\_

**D. EDUCATIONAL ATTAINMENT:**

Name of H.S. / College / University	Major	Degree	Year Graduated
1.			
2.			
3.			
4.			

a. Degree: ( ) Bachelor ( ) Masters ( ) Doctorate ( ) Others: \_\_\_\_\_

b. Honors: ( ) Cum Laude ( ) Magna Cum Laude ( ) Suma Cum Laude

c. ( ) Please send me your regular newsletters about our school

**E. AWARDS/ HONORS/ACHIEVEMENTS:**

a. Government Board Exam Passed	Subject Area	RANK (if known)	Description	Year Attained /Awarded
b. Company Awards /Achievements	Subject Area	Name of Award	Description	Year Attained /Awarded

**F. INTRODUCING OTHER ALUMNI /FAMILY MEMBERS TO ALUMNI DATABASE:**

STUD NO.	Print Full Name	Batch/Sec.	Address	Tel No.	Cell No.	E-mail Add

**G. WILLING TO ASSIST GCHS IN:**

**WILLING TO ASSIST THE PROPOSED "GRACE COLLEGE" IN:**

( ) a. Teach Fulltime	( ) e. Teach Fulltime. Subject(s) _____
( ) b. Teach part time	( ) f. Teach part time. Subject(s) _____
( ) c. Serve as staff/Admin	( ) g. Assist in Administration. Area (s) _____
( ) d. Area(s) to assist GCHS _____	( ) h. Assist in Planning committee
_____	( ) i. Assist in Fund Raising
( ) Assist in other area(s) _____	

Thank you for your time in filling in your information. The data will be very useful in the progress of our school. It will be kept in CONFIDENCE .Please submit/mail within 10 days To :a)GCHS, Grace Village, Quezon City or b)fax to (02) 364-1971, or c) e-mail: [gchs@pacific.net.ph](mailto:gchs@pacific.net.ph) or d)download web-page: [www.gchs.edu.ph](http://www.gchs.edu.ph)

Enclosed is a coupon to claim a booklet as a gift to you!

**MAY GOD BLESS YOU & YOUR FAMILY!**