

KASA

High School



1961

ALUMNI CONTACT FORM

Fill in your details in **BLOCK CAPITALS** only.

NAME: DATE:

FILE No: LAST NAME:

DATE OF BIRTH: GENDER: MALE FEMALE

EMAIL: PHONE No:

SCHOOL CERTIFICATE INFORMATION

COMPLETED PATH:

DATE OF COMPLETION:

INFORMATION AFTER GRADUATION <small>(TICK THE APPROPRIATE BOX. MORE THAN ONE CAN BE SELECTED)</small>		
PURSUED STUDIES		NAME OF EDUCATIONAL INSTITUTION: CHOSEN COURSE:
EMPLOYED		COMPANY/EMPLOYER'S NAME: POSITION:
RETURNED TO HOME COUNTRY		ADDRESS: PHONE No:
OTHER	
<div style="display: flex; justify-content: space-between; margin-top: 20px;"> STUDENT'S SIGNATURE DATE </div>		

FOR OFFICIAL USE ONLY	
APPROVED BY THE PRINCIPAL <input type="checkbox"/> YES <input type="checkbox"/> NO	
<div style="display: flex; justify-content: space-between; margin-top: 20px;"> SIGNATURE DATE </div>	

APPROVED BY THE HEAD REGISTRAR <input type="checkbox"/> YES <input type="checkbox"/> NO	
<div style="display: flex; justify-content: space-between; margin-top: 20px;"> SIGNATURE DATE </div>	