



required information

First Name: _____

Last Name: _____

Maiden Name (optional): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Catholic School Attended: _____

Graduation Year: _____

Upon submission you will receive an email containing a temporary password assigned to your account. Once you have received this password it is recommended that you login and change your assigned temporary password to a permanent password given by you, the account holder.

Please include check for \$25 and mail form to:

Springfield Catholic Schools Central Office

Att: Alumni Association

3520 S. Culpepper Circle, Suite C

Springfield, MO 65804-4206