

# Alumni Update Information

## Instructions for E-mailing the Form:

1. Download this form from the SJIAA website and edit the answers where appropriate. For example, if you want to reply to a 'Yes,' then delete 'No.' For a specified 'Type,' then delete answers that do not apply to you, leaving the answer(s) you wanted. (You would not be able to circle the appropriate answers you wanted on your computer.)
2. After typing in the responses, please save it as a Word Document or Text. Then you can e-mail the Word Document/Text to Sr. Roseanne Siebert, SJIAA Liaison at [rsiebert@sjid.org](mailto:rsiebert@sjid.org) (or see Instructions below for mailing the form).

## Instructions for Mailing the Form:

1. Print the form, fill it out, circle the appropriate answers, and mail the form to:  
St. Joseph Institute for the Deaf  
Attention: Sr. Roseanne Siebert, SJIAA Liaison  
1809 Clarkson Rd.  
Chesterfield, MO 63017

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## Background Information (please circle Yes or No)

Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Year you entered St. Joseph's: \_\_\_\_\_  
Were you a residential student or a day student? \_\_\_\_\_  
Did your family move to St. Louis in order for you to attend St. Joseph's? Yes or No  
Did you graduate from St. Joseph's? Yes or No  
Year you graduated: \_\_\_\_\_  
Did you transfer to another program? Yes or No  
Year you transferred: \_\_\_\_\_  
Did you mainstream? Yes or No  
Year you mainstreamed: \_\_\_\_\_

## Post SJI Educational Information

### School or program entered after SJI:

Name of school: \_\_\_\_\_  
Location (city and state): \_\_\_\_\_  
Type: Private / Public / Academic / Vocational / Mainstream program / Total  
Communication program / another Auditory/Oral program / another type of program:  
\_\_\_\_\_ (specify) (circle all that apply).  
Grade level you entered program: \_\_\_\_\_

### High School attended:

Name of high school \_\_\_\_\_  
Location (city and state): \_\_\_\_\_

**High School attended:** (continued from Page 1)

Type: Public or Private (circle)

Mainstreamed full time

Partially mainstreamed

Self contained class for the hearing impaired in a regular high school program for all academic subjects

High School Diploma: Yes No

Year graduated \_\_\_\_\_

**College/University attended:**

Name of college \_\_\_\_\_

Location (city and state): \_\_\_\_\_

Type: Public or Private (circle)

Degree: Yes No Type: \_\_\_\_\_

Year graduated \_\_\_\_\_

Major field of study: \_\_\_\_\_

**Further Education:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Work experience**

Past work experience: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Type of work you are doing now: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you retired: Yes No (circle) Year retired: \_\_\_\_\_

**Personal information**

\_\_\_ Single

\_\_\_ Married

\_\_\_ Children

Date of marriage: \_\_\_\_\_

Number: Boys: \_\_\_\_\_

Names and ages: \_\_\_\_\_

Number: Girls: \_\_\_\_\_

Names and ages: \_\_\_\_\_

\_\_\_\_\_

**Personal information** (Continued from Page 2)

Parents' names: \_\_\_\_\_

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

Phone number: \_\_\_\_\_

Living or Deceased: Mother (L/D) If deceased, give date: \_\_\_\_\_

Father (L/D) If deceased, give date: \_\_\_\_\_

**Contact Information**

E-mail address: \_\_\_\_\_ Fax number: \_\_\_\_\_

Do you want your contact information printed in the alumni directory? Yes No

If yes, please indicate below what information you would like to included in the directory:

Name Address Phone number E-mail address Fax number  
(Please circle)

**Additional Information**

Are you interested in being informed of SJI or alumni news through e-mail? Yes No

Are you a current volunteer? Yes No

If yes, where do you volunteer? \_\_\_\_\_

Are you interested in volunteering at SJI? Yes No

Would you be willing to help SJI raise operating dollars? Yes No

Do you currently donate to the annual fund? Yes No

Why or why not?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please feel free to add any other information about yourself (honors received, milestones achieved, etc.) or your family that you would like for us to know.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Thank you,  
Sr. Roseanne Siebert, SJIAA Liaison**