

**St. Stanislaus School**  
**Alumni Registration Form**

Please print form, fill it out and mail to:

St. Stanislaus School  
534 Front Street  
Chicopee, MA 01013  
Attention Sr. Ceil, Principal

OR Fax to **(413) 598-0187** and Attention Sr. Ceil, Principal

Name: \_\_\_\_\_

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

City: \_\_\_\_\_

Zip/Postal Code \_\_\_\_\_

State/Province: \_\_\_\_\_

Country: \_\_\_\_\_

Home Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Graduation Year \_\_\_\_\_

Years of College \_\_\_\_\_

Additional Information \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_