

WESTPORT CENTRAL SCHOOL ALUMNI INFORMATION

*****PLEASE PRINT***PLEASE PRINT***PLEASE PRINT***PLEASE PRINT*****

<u>Current Name:</u>	<u>Name while attending WCS:</u>
<u>Address:</u>	<u>Phone 1:</u> <u>Phone 2:</u>
<u>E-mail:</u>	<u>Name(s) of Siblings attending WCS:</u>
<u>Years Attended WCS:</u>	<u>Graduation Year:</u>
● Can we contact you for additional information? Yes No	● Are you interested in an alumni association? Yes No
● Would you be willing to volunteer your time to work on the alumni data collection/data entry project? Yes No	● Would you be willing to volunteer your time to work on the creation of an alumni association? Yes No
Comments:	

Please complete one form per alumni, please.

Please mail the form back to:

**WCS Alumni Association
PO Box 309
Westport NY 12993-0309**

Or

Email the information to WCSALUMNI@GMAIL.COM