

Lansdowne Friends School
ALUMNI QUESTIONNAIRE

Date

Please Type or Print

Date of Birth

Class Year

Year Entered LFS

Year Left LFS

Name

Current Occupation

Maiden Name (if applicable)

Current Title(s)

Spouse's Full Name

Name of Employer or Business

Home Address

Business Address

City State Zip

City State Zip

Home Phone email

Business Phone

High School

Undergraduate College

Major

Degree/Year

Graduate School(s)

Major

Degree/Year

Name(s) of Children

Date of Birth

School/College/Occupation

Father's Name

Mother's Name

Lansdowne Friends School Class, if alumnus

Lansdowne Friends School Class, if alumna

Address

Address

City State Zip

City State Zip

Occupation/Title

Occupation/Title

Other Alumni Relatives – Names, Class, Relationship

Avocations – Hobbies, Personal Interests, Community Activities:

Publications, Exhibits, Concerts, and other Creative Work:

Membership in Professional Organizations: Directorships of Corporations, Schools, Charitable Foundations, Hospitals, Churches:

Please elaborate on your Lansdowne Friends School experience.

Names and Addresses of classmates/alumni with whom you are in contact
