

Highclare School Alumni Association



Contact Details

Please complete the following information in BLACK Ink to update our records.

Current Name:

Title: Mrs / Ms / Miss/ Dr Other

Name used at school, (*if different from above*) :

Address:

.....

..... Postcode:

Preferred contact Telephone Numbers:

(Please state daytime, evening, weekend preferred)

E mail address:

Year You Left Highclare

How many years (approx.) were you at the school?

Current Occupation / Profession

Please return this to:

Mrs M Viles
Highclare School
10 Sutton Road
Erdington
Birmingham. B23 6QL

Fax: 0121 373 7445

Data Protection: Information provided to us on this form will be used to assist in administering our records in respect of the Past Pupils' Association and will be processed in accordance with Data Protection regulations.