

Heritage Hall Christian School
ALUMNI SURVEY

Year of Graduation: _____ HHCS Graduate? yes no

Name: _____ Maiden name: _____

Spouse: _____ Anniversary Date: _____

Children/ages: _____

Grandchildren: _____

Higher education

Institution	Degree/Major	Year Completed/In Progress
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_____	_____	_____
_____	_____	_____
_____	_____	_____

Current employment

Employer

Brief job description

You: _____

Spouse: _____

Christian Ministry

Church/City _____

Involvement _____

Highlights from your ministry (mission trips or other opportunities):

Hobbies/Recreation: _____

Testimonial

Please consider including a short testimonial that we could use in future publications about the impact Heritage Hall Christian School had or continues to have on your life. It may be about a specific teacher, a class, athletic team, musical group, or a single event that had a positive influence or was a turning point.