

CAVS ALUMNI SURVEY

Name _____

Address _____

Phone _____ e-mail _____

Alumni information:

Grades attended at CAVS _____ Year of Graduation _____

High School Attended _____ Year of Graduation _____

Colleges Attended	Year of Graduation	Degrees Earned
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Business Address _____

If married, spouse's name: _____

Other CAVS graduates that you are in contact with:

<u>Name</u>	<u>Phone</u>	<u>E-mail</u>
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Please mail or Fax this form to:

CARDEN ARBOR VIEW SCHOOL

1530 N. San Antonio Ave.

Upland, CA 91786

Fax: 909 981-3221