



ISPS Alumni Association Information Survey

Date: _____

Full Name: _____ Nickname: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____ Country: _____

Telephone No: _____ E-Mail: _____

Occupation: _____ Title: _____

Employer: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Country: _____

Business Phone: () _____

ISPS Years of attendance: _____ Grades attended: _____ Class of: _____

College/University: _____ Location: _____

Major(s): _____ Degree: _____ Grad. Class: _____

Graduate School: _____ Location: _____

Field: _____ Degree: _____ Year: _____

Name and Relationship of a person through whom you can always be contacted:

Address/Phone/E-Mail:

News/Updates: _____

Can you give us the address, phone number or e-mail address of another ISPS graduate with whom we have not been in touch?

How we serve the alumni better? In order to help us plan future activities and programs, would you consider coming to ISPS for any of the following?

*(Please identify your selections by placing an **x** next to your preferences)*

- | | | |
|---|--|--|
| <input type="checkbox"/> Alumni Gathering | <input type="checkbox"/> Class Reunion | <input type="checkbox"/> Sporting Events |
| <input type="checkbox"/> Musicals & Plays | <input type="checkbox"/> Gala Dinner | <input type="checkbox"/> Job Networking |
| <input type="checkbox"/> Career Day | <input type="checkbox"/> to talk about your University | |

Are you willing to serve as your class representative to ISPS? _____

Please return to:

The Admissions Office
International School of Port Spain
POS 1369
P.O. Box 025307
1601 NW 97th Avenue
Miami, Florida 33102-5307
U.S.A.

The Admissions Office
International School of Port Spain
1 International Drive
Westmoorings
Republic of Trinidad & Tobago
West Indies

Thank You

Muchas Gracias

Merci