

Past Student Contact Information

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|-------------------------|--|---------------------------|-------------------|
| Graduating Year: | | Year Completed: | Year 10 / Year 12 |
| Title: | | First Name: | |
| Surname: | | Gender: | Male / Female |
| Marital Status: | | Maiden Name: | |
| Date of Birth: | DD / MM / YYYY | Moved out of home? | Yes / No |
| Occupation: | If you are a student, what are you studying? | | |
| Email Address: | | | |
| Street Address: | | | |
| | Suburb | State | Postcode |
| Postal Address: | | | |
| | Suburb | State | Postcode |
| Mobile Number: | | | |
| Home Number: | | | |
| Facebook URL: | | | |
| Comments: | | | |
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Please join our Facebook Group for WCCS Alumni - www.facebook.com/groups/wyongccsalumni/

I **do not** wish to receive information from WCCS regarding upcoming events, reunions, etc.

Please return completed form to:

Email jcrocombe@wyongccs.nsw.edu.au
Post Wyong Christian Community School
 PO Box 550
 WYONG NSW 2259

Thank you for taking the time to complete this form.

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