

Old Collegians Association

Mercy College

Personal Details Form

Title (Ms/Mrs/Dr/Mr) _____ First Name _____ Initial _____

Family Name _____ Maiden Name _____

Date of Birth _____

Address _____

Suburb _____ State _____ Postcode _____

Country (if applicable) _____

Home Phone (incl. area code) _____

Mobile Phone _____

Email Address _____

Year Commenced at Mercy College _____ in class/grade _____

Year Finished at Mercy College _____ in class/grade _____

Comments/other information you may wish to add:

Please note: Information provided by you on this form will be used for the purpose of communicating details of school reunions, newsletters and events from time to time. This information may also be provided to the organiser(s) of a school reunion for your group for the purpose of contacting you and advising you of such an event. In any case, this information remains the property of Mercy College, Koondoola, and will not be passed on to any other person or group for the purpose of marketing or sales.

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