



AMERICAN INTERNATIONAL SCHOOL OF ZAGREB CROATIA

STUDENT ALUMNI FORM

Last Name:

First Name:

Name when attended AISZ if different from above:

Year Graduated from High School:

Years attended A.I.S.Z. (ex. 1974-1977):

Grades attended A.I.S.Z. (ex. 1-5):

e-mail address:

The information provided below is for school purposes only. The information will not be shared with others.

Telephone (country code-area code-telephone number):

Address:

Mailing Address if different from home address:

Highest level of education completed:

Year completed:

Educational Institution where you completed your highest level of education:

Area of Study

Current Occupation: