



CLASS OF 1990
ALUMNI DATA FORM

Please return to:
Danielle Kreider
PO Box 295
Landisville, PA 17538
(717) 892-7371
lmh1990wow20yrs@gmail.com

Your Name _____
 Spouse _____
 Address _____

Grad year _____
 Spouse Grad year _____
 Phone (____) _____
 E-mail _____

_____ *Please check here if your address is different than the one used on the envelope.*

Church affiliation _____

Special achievements, hobbies and special interests _____

Family Information

Children's Name	Date of Birth	LMS Alumni	Attends LMS
		Grad Yr.:	Grade:
		Grad Yr.:	Grade:
		Grad Yr.:	Grade:
		Grad Yr.:	Grade:
		Grad Yr.:	Grade:

Grandchildren's Name	Date of Birth	LMS Alumni	Attends LMS
		Grad Yr.:	Grade:
		Grad Yr.:	Grade:
		Grad Yr.:	Grade:
		Grad Yr.:	Grade:
		Grad Yr.:	Grade:

Employment Information

Employment	Position/Self Employed	Job Duties

Spouse's Employment	Position/Self Employed	Job Duties

If you and/or your spouse attended school beyond Lancaster Mennonite, please complete below.

Education	Name of School	Name of Degree/Diploma Earned & Year
Tech/Trade School		
College/University		
Graduate/Professional		
Doctorate		

Spouse's Education	Name of School	Name of Degree/Diploma Earned & Year
Tech/Trade School		
College/University		
Graduate/Professional		
Doctorate		