



SOPHIA
MUNDI

The Inner City Steiner School P-12

Alumni

Fostering a lifetime of friendship and memories

Tell us your story

PRIVACY STATEMENT

Information is collected for the purpose of fostering Alumni relations and promoting school activities. Sophia Mundi must comply with the Information Privacy Act (2000) Vic. The school will not release your phone number, home address or email address, without your written consent.

Please complete your details and forward together with a recent photograph to:

Suzanne Byron, Registrar and Development Manager. E suzanne.byron@sophiamundi.vic.edu.au

First Name _____ Last Name _____ Date of Birth / /

Telephone _____ Mobile _____ email _____

Left Sophia Mundi in year: _____ Class Level: _____

Teacher/s Name/s in final year of study: _____

Current Position Degree/s or Diploma/s obtained: _____

Tell us what you do for a living: _____

How did you get to where you currently are? _____

Why did you choose a career in this field? _____

What is your role in this current position? _____

What do you most enjoy about your job?

In what City, Suburb, State or Town do you now live?

*How has your Sophia Mundi education inspired or influenced your thinking in adult life?

*How important has networking been in developing your career?

*What are your favourite memories or values obtained from your student days at Sophia Mundi?

Do you currently network with other Sofia Mundi Alumni?

Would you be available for a school function speaking engagement?

Yes No (please tick)

CONSENT

I, _____, AGREE to Sophia Mundi Steiner School using, reproducing and disclosing my profile information and photo/s supplied by me, for school publications, the web site and any sub-pages.

Photo/s attached Yes No (please tick).

Photo/s emailed Yes No (please tick).

Signature _____

Date / /

*We welcome additional pages of content and/or articles to be submitted with this cover sheet.



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