

PRINCESS ELIZABETH PRIMARY SCHOOL
ALUMNI REGISTRATION FORM

PERSONAL INFORMATION

Full Name: _____

Class / Year of Graduation: _____

Contact Number: _____

Email Address: _____

MEMBERSHIP VERIFICATION

Please select one or more options:

- Report Book
- Old School Photographs / Yearbooks
- Other Proof (please specify): _____

(Attach clear, legible scanned copies below as part of this PDF registration form.)