

ALUMNI APPLICATION FORM	
SURNAME	
FIRST NAME	
DATE OF BIRTH	
GENDER	
ADDRESS	
MOBILE	
EMAIL	
<i>Details at time of graduation</i>	
SURNAME	
FIRST NAME	
GRADUATING CLASS OF	
HOMEROOM TEACHER	
<i>Were you part of the SEC? If so, what was your position?</i>	
<i>What is your favourite memory from your time at Lakeside College?</i>	

<i>Tertiary Pathway after graduating from Lakeside College</i>	
TERTIARY COURSE	
UNIVERSITY / TAFE	
QUALIFICATION	
EMPLOYMENT POSITION	
EMPLOYER	
GRADUATE PROFILE	
PROFILE PHOTO	<i>Please attach a working professional profile picture?</i>
PROFILE STORY	<i>Please write a brief story about how Lakeside College prepared you for life, what you are doing now and what you have planned for your future?</i>
Do you want to be an Alumni Representative for your graduating group? YES <input type="checkbox"/> or NO <input type="checkbox"/>	
Please email this form, along with your profile picture to Alumni@lakeside.vic.edu.au	