

THE AMERICAN OVERSEAS SCHOOLS ARCHIVE ALUMNI REGISTRATION FORM

For all alumni, American and foreign, of overseas American schools at any grade level.

Name: First _____ MI ___ Last _____ Maiden name _____

Sex: M F Date of Birth: M ___ D ___ Y ___ E-Mail Address: _____

Citizenship (include both if dual): _____ (This address may be shared with other

City and Country of Birth: _____ AOSHS members: Yes No)

After graduation from high school, I: Entered the work force <input type="checkbox"/> or military <input type="checkbox"/> Attended a:	Graduated: Yes <input type="checkbox"/> No <input type="checkbox"/> Highest Diploma/Degree Attained:								
Trade/Technical School <input type="checkbox"/>	HS Diploma <input type="checkbox"/>								
College: 2-yr <input type="checkbox"/> 4-yr <input type="checkbox"/>	AA <input type="checkbox"/>								
Army <input type="checkbox"/> Military Academy <input type="checkbox"/> Navy <input type="checkbox"/> Air Force <input type="checkbox"/> Coast Guard <input type="checkbox"/>	<table style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Degree</th> <th style="text-align: left; border-bottom: 1px solid black;">List Type</th> </tr> <tr> <td>Bachelors <input type="checkbox"/></td> <td>_____</td> </tr> <tr> <td>Masters <input type="checkbox"/></td> <td>_____</td> </tr> <tr> <td>Doctorate <input type="checkbox"/></td> <td>_____</td> </tr> </table>	Degree	List Type	Bachelors <input type="checkbox"/>	_____	Masters <input type="checkbox"/>	_____	Doctorate <input type="checkbox"/>	_____
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Bachelors <input type="checkbox"/>	_____								
Masters <input type="checkbox"/>	_____								
Doctorate <input type="checkbox"/>	_____								

Department of Defense Overseas Schools and Private Overseas Schools Attended				
Year or Years Attended	Grade Level (e.g. K,3-6, etc.)	Name of School(s)	Military Base/City	Country

Names Of Siblings Who Attended Overseas Schools, With Their Grade Levels And Schools					
Siblings	Year or Years Attended	Grade Level (e.g. K,3-6, etc.)	Name of School(s)	Military Base/City	Country

I understand the information I provide will be available for research in the AOS archives.

Signature _____ Date _____

Send to: AOSHS Archive Registration, 704 West Douglas Avenue, Wichita KS 67203