



OUTTSHOORN HIGH SCHOOL

DATA : EX-PUPILS



LAST YEAR IN SCHOOL: DATE OF BIRTH: _____ GENDER [M/F]

SURNAME: _____ NAME: _____

MAIDEN NAME : _____ OCCUPATION: _____ BUSINESS: _____

TEL: _____ CELL: _____ FAX: _____ E-MAIL: _____

RESIDENTIAL ADDRESS: _____

I KNOW OF THE FOLLOWING OLD-STRUISIES:

NAME & SURNAME	TEL/CELL	E-MAIL	ADDRESS

PLEASE FAX TO 044-2725365 or
E-MAIL TO struisiebond@oudhs.wcape.school.za
TEL 044-2791623

