



*Dear Robinson Alum,*

*Robinson Secondary School is establishing a formal alumni organization. Our goal is create a connection with our alumni and to provide our alumni with a service that will help them to reconnect, organize events, and share information. Understanding the need for a source of alumni connections, and the popularity of alumni reconnecting sites we thought you would appreciate receiving your information directly from us. We plan to send out a bi –annual newsletter in the fall and spring to registered alumni which will provide alumni with information about their classmates, recognize alumni achievements, provide reunion and homecoming dates, and share news updates about Robinson. In order to do this we are asking you to fill out the attached form and send it back to us. Please let us know what you have been doing since graduation. Send us reunion dates and photos. This is a newsletter about you and what you are doing.*

*To become a part of this alumni organization please complete the attached form. To facilitate this program we are asking alumni for a donation of \$10. The generous support of our alumni will help us to maintain a high rigor of instruction in these difficult economic times.*

*If you have any questions or digital information please feel free to contact us at [Ashley.Faaborg@fcps.edu](mailto:Ashley.Faaborg@fcps.edu) and send responses and donations to:*

*James W. Robinson Secondary School,  
Sub School 9, Ashley Faaborg  
5035 Sideburn Road  
Fairfax, Va 22032*

All checks should be made payable to Robinson Secondary

**James W. Robinson Secondary School**

**ALUMNI REGISTRATION FORM**

Today's Date		Year of Graduation:	
Last Name:		First:	MI:
<input type="checkbox"/> Mr. <input type="checkbox"/> Miss	Sex:	Maiden Name:	
<input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	<input type="checkbox"/> M <input type="checkbox"/> F		
May we include your name in our E-newsletter as a RAM supporter? <input type="checkbox"/> Y <input type="checkbox"/> N		Email Address:	
Address:		City:	
State:	Zip Code:	Home phone no.:	
May we contact you about being a feature in our newsletter? <input type="checkbox"/> Y <input type="checkbox"/> N		Occupation:	Employer:
If you attended college where did you go?	Did you graduate <input type="checkbox"/> Y <input type="checkbox"/> N	What was your major in college?	
Awards or Accolades since graduation:		How did you hear about us?	
Do you have special knowledge or skills Robinson could utilize by presenting to students? Please describe:			

Please send this form along with your \$10 taxable donation to:  
Please make all checks payable to Robinson Secondary school

**Ashley Faaborg**  
**Robinson Secondary School**  
**Alumni Registration, sub school 9**  
**5035 Sideburn Road**  
**Fairfax VA, 22032**