



Sacred Heart
College
GEE LONG

MEMORIES FORM

Sacred Heart College Geelong

We would love to capture your valuable memories and insights to enrich our school's history.

Please take a few moments to share your experiences with us.

Full Name

Maiden Name
(if applicable)

Peer Year

(if applicable)

Contact
Number

Email

Mailing
Address

Your role at SHC

☐

Student

☐

Teacher (Subject/Department)

☐

Staff Member (Role/Department)

☐

Other

Years Attended/Taught
(eg 1985 - 1990)



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Your Sacred Heart Memories

What are some of your favourite memories from your time at Sacred Heart College?

Can you recall any specific school events, traditions, or significant moments from your time here?

How do you feel your time at Sacred Heart College influenced your life after you left?

Is there anything else you would like to share about your time at SHC?



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Permissions

We value your privacy and appreciate your contributions.

- ☐ I grant Sacred Heart College Geelong permission to use the information and memories I have provided for historical archives, school publications, and displays celebrating the school's history.
- ☐ I give permission for Sacred Heart College Geelong to contact me for further clarification or details regarding my submission.
- ☐ I would like to be added to Sacred Heart College Geelong Alumni mailing list to receive future updates and invitations.

Thank you for sharing your memories with us!

Please mail this form
c/o Gemma Lees, Archivist
Sacred Heart College,
61 Retreat Road NEWTOWN VIC 3220
or
email gelees@shcgeelong.catholic.edu.au