Your Name
Class of 20__
Lexington High School
Lexington, MA 02421

Your Street
Your Town, State, Zip Code
Telephone: your phone number
Email: your email address

Your date of birth

Honor Roll	9-12
ASL Award	10
Church Youth Group	9-12
Member	9-10
Group Leader	11-12
Youth Deacon	12

Dean's Office (collected and delivered mail, assisted with non-conf