



**STUDENT:**    FIRST-YEAR    TRANSFER    ENROLLMENT DATE: \_\_\_\_\_ GRADUATING CLASS OF: \_\_\_\_\_

☐ male    ☐ female

## PARENT/GUARDIAN INFORMATION

Contact Preference: ☐ Home ☐ Business

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(Continued on other side)

## FAMILY INFORMATION

(If you need more room, please use a separate sheet)

Your other children:

Name	Date of Birth	School/Occupation	Eastern Alum? (If yes, class year)

Other family members who have attended or been employed by Eastern College, Eastern University, Eastern Baptist Theological Seminary, Palmer Seminary, and/or Esperanza College (Please include Maiden name, if applicable):

Name	Relationship to incoming student	Years of Attendance/Employment

We'd like to include your student's grandparents in campus activities and happenings, including receiving *The Eastern Magazine*. Please provide mailing information below for your student's grandparents:

### MATERNAL GRANDPARENTS:

Names: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Email: \_\_\_\_\_

### PATERNAL GRANDPARENTS:

Names: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Email: \_\_\_\_\_

## CHURCH INFORMATION

Church Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Website: \_\_\_\_\_

## EASTERN INVOLVEMENT

Parents can support Eastern University in a variety of ways. Please check any of the following opportunities in which you are interested in supporting.

### Admissions

☐ Recommend prospective students to the Office of Admissions.

### Advancement

Assist the Parents Council with: ☐ Move-In Day Parent Lounge ☐ Homecoming Parent Tent ☐ Fundraising

☐ Facilitate contacts with corporations or foundations with which I am involved.

Toll-Free Phone: 800.452.0996 Fax: 610.341.1723 Email: ugadm@eastern.edu  
Eastern University Office of Admissions 1300 Eagle Road St. Davids, PA 19087

Office Use Only AD\_\_\_\_\_ ADV\_\_\_\_\_ AR\_\_\_\_\_ PR\_\_\_\_\_

updated 8/1/16