

Parent/Guardian Information Form

Thank you for taking time to complete this questionnaire. The information you provide helps us know you better and helps us meet the needs of our parent/guardian community, ensuring you will receive the Eastern University's magazine and other important communication including Homecoming and Family Weekend activities, as well as other related events. *Information is used only by University officials*.

STUDENT: _	FIRST-YEAR TRANSFER	ENROLLMENT DATE:	GRADUATING CLASS OF:		
			Dob:		
Last	First	Middle	☐ male ☐ female Suffix		
Last	1 1131	Middle	Suma		
PARENT/GU	JARDIAN INFORMATION				
☐ FATHER ☐ S	STEPFATHER DOB:		☐ STEPMOTHER DOB:		
☐ Married ☐ Wid	dower 🗆 Separated 🗖 Divorced 🗖	Remarried	☐ Widow ☐ Separated ☐ Divorced ☐ Remarried		
Name:		Name:			
Title	First Middle Last	Suffix Title	First Middle Last Suffix		
	Nickname:		Preferred Name/Nickname:		
Home Address:		Home Addre	Home Address:		
City, State, Zip:			City, State, Zip:		
Country: Home Phone:		Country:	Country:Home Phone:		
Email:		Email:			
College:		College:			
EASTERN ALUMNU	US: Tyes CLASS OF:	EASTERN AL	UMNUS: Tyes CLASS OF:		
Graduate School:_		Graduate Sch	nool:		
Eastern Alumnu	US: Tyes CLASS OF:	Eastern Al	UMNUS: Yes CLASS OF:		
Employer:		Employer:			
Title:		Title:			
Address:		Address:			
			City, State, Zip:		
			Bus. Phone:		
Dus. Email.		Bus. Eman			
CURRENT COMMU Position	INITY OR PROFESSIONAL ACTIVITIES Organiza		OMMUNITY OR PROFESSIONAL ACTIVITIES Organization		
BOARD/FOUNDAT	I'ION INVOLVEMENT Organiza		UNDATION INVOLVEMENT Organization		
	Organiza	tion Role	Organization Organization Ference:		

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 wh	o have attended or been employed	by Eastern College, Eastern Unive	rsity, Eastern Baptist Theological Seminary
Palmer Seminary, and/or I	Esperanza College (<i>Please include Me</i>	aiden name, if applicable):	
Name	Relationshi	p to incoming student	Years of Attendance/Employment
	tudent's grandparents in campus a on below for your student's grandp		receiving The Eastern Magazine. Please
MATERNAL GRANDPAREN	TS:		
Names:		Phone:	
Mailing Address:			
PATERNAL GRANDPARENT	TS:		
Names:		Phone:	
Mailing Address:			
City, State, Zip:		Email:	
CHURCH INFORMA Church Name:	ATION	Phone:	
Mailing Address:			
City, State, Zip:		Website:	
EASTERN INVOLVE Parents can support Easter supporting.		Please check any of the following op	oportunities in which you are interested in
Admissions Recommend prospective	re students to the Office of Admis	sions.	
	with: Move-In Day Parent Loc corporations or foundations with	unge	t 🗖 Fundraising
	Toll-Free Phone: 800.452.0996	Fax: 610.341.1723 Email: ugadm@	Deastern edu

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