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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 *Spirit*, Eastern University's magazine and other important communication including Homecoming and Family Weekend activities, as well as other related events. **If parent/guardian(s) would like to receive our @ EASTERN e-mail newsletter, please send your e-mail address to eupr@eastern.edu . Information is used only by University officials.**

STUDENT: ___ FIRST-YEAR ___ TRANSFER **ENROLLMENT DATE:** _____ **GRADUATING CLASS OF:** _____
DOB: _____

male female

Last First Middle Suffix

PARENT/GUARDIAN INFORMATION

FATHER STEPFATHER **DOB:** _____

Name: _____

Title First Middle Last Suffix

Preferred Name/Nickname: _____

Home Address: _____

City, State, Zip: _____

Country: _____ **Home Phone:** _____

Email: _____

College: _____

EASTERN ALUMNUS: Yes **CLASS OF:** _____

Graduate School: _____

EASTERN ALUMNUS: Yes **CLASS OF:** _____

Employer: _____

Title: _____

Address: _____

City, State, Zip: _____

Bus. Phone: _____

Bus. Email: _____

CURRENT COMMUNITY OR PROFESSIONAL ACTIVITIES

Position **Organization**

BOARD/FOUNDATION INVOLVEMENT

Role **Organization**

Contact Preference: Home Business

MOTHER STEPMOTHER **DOB:** _____

Name: _____

Title First Middle Last Suffix

Preferred Name/Nickname: _____

Home Address: _____

City, State, Zip: _____

Country: _____ **Home Phone:** _____

Email: _____

College: _____

EASTERN ALUMNA: Yes **CLASS OF:** _____

MAIDEN NAME: _____

Graduate

School: _____

EASTERN ALUMNA: Yes **CLASS OF:** _____

Employer: _____

Title: _____
 Address: _____

 City, State, Zip: _____
 Bus. Phone: _____
 Bus. Email: _____

Position _____ Organization _____

BOARD/FOUNDATION INVOLVEMENT
 Role _____ Organization _____

Contact Preference: Home Business
 (continued on other side)

CURRENT COMMUNITY OR PROFESSIONAL ACTIVITIES

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	Years of Attendance/Employment
_____	_____	_____
_____	_____	_____

We'd like to include your student's grandparents in campus activities and happenings, including receiving the *Spirit* University 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 events and 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