EMORY & HENRY COLLEGE

Internal Use Only:
Dean of Students Office, Wiley 121

FAMILY DATA FORM

The following information is extremely important for billing, new releases, and emergencies. Fill it in as completely as possible. **Please print.**

Student's Full Name_____

First **Middle** **Last**

I. BILLING INFORMATION (Please provide the name and address of parent(s) or other person(s) responsible for paying bills.)

_____

_____

_____

II. FAMILY CONTACT INFORMATION

Father's Full Name: _____ Deceased? Y or N (circle one)

Home Address: _____

_____

Home Phone: (_____)_____ Cell Phone: (_____)_____

Marital Status: _____ To receive mailings? Y or N (circle one)

Occupation: _____ Job Title:_____

Business Name & Address: _____

_____

Business Phone: (_____)_____ Preferred email:_____

Mother's Full Name: _____ Deceased? Y or N (circle one)

Home Address: _____

_____

Home Phone: (_____)_____ Cell Phone: (_____)_____

Marital Status: _____ To receive mailings? Y or N (circle one)

Occupation: _____ Job Title:_____

Business Name & Address: _____

_____

Business Phone: (_____)_____ Preferred email:_____

Step-Parent (if any): _____ Deceased? Y or N (circle one)

Home Address: _____

_____

Home Phone: (_____)_____ Cell Phone: (_____)_____

Marital Status: _____ To receive mailings? Y or N (circle one)

Occupation: _____ Job Title:_____

Business Name & Address: _____

_____

Business Phone: (_____)_____ Preferred email:_____

Please complete reverse side for other questions

Guardian/Sponsor: _____ Deceased? Y or N
Home Address: _____ (circle one)
_____

Home Phone: (_____)_____ Cell Phone: (_____)_____
Marital Status: _____ To receive mailings? Y or N (circle one)
Occupation: _____ Job Title:_____
Business Name _____
& Address: _____
Business Phone: (_____)_____ Preferred email:_____

Spouse (if any): _____ Deceased? Y or N
Home Address: _____ (circle one)
_____

Home Phone: (_____)_____ Cell Phone: (_____)_____
Marital Status: _____ To receive mailings? Y or N (circle one)
Occupation: _____ Job Title:_____
Business Name _____
& Address: _____
Business Phone: (_____)_____ Preferred email:_____

III. Any other information the College should have?

_____
_____
_____
_____
_____

IV. FULL NAME OF HOMETOWN NEWSPAPER: _____

V. THE FOLLOWING INFORMATION IS FOR USE BY THE CHAPLAIN'S OFFICE:

Your religious affiliation: _____
Parent a member of the clergy? Father? _____ Mother?_____ Denomination: _____

Name of your home church: _____
Pastor's name and address: _____
_____
_____
_____

Please complete this form and mail it with the rest of your enrollment forms to the E&H Admissions Office / PO Box 10 / Emory, VA 24327. (Or if you are submitting this form late and by itself, please send it to the Dean of Students office.)