

New Student Information Form - 5D (2015-2016)

For details about this form or any others, use the Gustavus Enrollment Checklist at gustavus.edu/go/myd

☐ Downloadable ☐ Trackable



STUDENT INFORMATION

☐ Mr. ☐ Ms. ☐ Mrs. ☐ Other: _____ Gustavus ID#: _____

Check One: ☐ First Year Student ☐ Transfer Student ☐ PSEO

Expected Year of Graduation: _____

Last Name Full First Name (Preferred First Name) Middle Initial

Permanent Home Address City State Zip Code

Home Phone Cell Phone Birthdate (mm/dd/yyyy) Social Security #

PARENT A: INFORMATION

☐ Mr. ☐ Ms. ☐ Mrs. ☐ Other: _____ ☐ Living ☐ Deceased

Last Name Full First Name (Preferred First Name) Middle Initial

Permanent Home Address City State Zip Code

Home Phone Cell Phone Email Address

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed | Partner's Name: _____

Post Secondary Education: ☐ No ☐ Yes _____
Name of School Year

Employer* Title/Position (be specific) Office/Work Phone

Business Address City State Zip Code

PARENT B: INFORMATION

☐ Mr. ☐ Ms. ☐ Mrs. ☐ Other: _____ ☐ Living ☐ Deceased

Last Name Full First Name (Preferred First Name) Middle Initial

Permanent Home Address City State Zip Code

Home Phone Cell Phone Email Address

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed | Partner's Name: _____

Post Secondary Education: ☐ No ☐ Yes _____
Name of School Year

Employer* Title/Position (be specific) Office/Work Phone

Business Address City State Zip Code

*For employer, please be specific for both employer (if a school, please list school district and school name) and title (Elementary Teacher). If self-employed, please list name of the business and be specific under the title (i.e. Owner-landscaper, Owner-consultant).

SIBLING INFORMATION

Sibling Name (First, Middle Initial, Last)

Sex
(male/Female)

Birthdate
(mm/dd/yyyy)

Gustavus
Student/Graduate

Relationship to you
(half, step, etc.)

<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="text"/>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="text"/>
<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="text"/>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="text"/>
<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="text"/>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="text"/>

Please use an additional sheet of paper to list other siblings and attach.

GRANDPARENT INFORMATION

Grandparents are eager to share in your college experience. If you would like to them to receive newsletters and other information, please add:

Parents of Parent A:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First, Middle Initial, Last	Relation	First, Middle Initial, Last	Relation
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	City	State	Zip Code

Parents of Parent B:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First, Middle Initial, Last	Relation	First, Middle Initial, Last	Relation
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	City	State	Zip Code

GUSTAVUS GRADUATE RELATIVES

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First, Middle Initial, Last	Relation	First, Middle Initial, Last	Relation
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First, Middle Initial, Last	Relation	First, Middle Initial, Last	Relation
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First, Middle Initial, Last	Relation	First, Middle Initial, Last	Relation

RELIGIOUS AFFILIATION

Home Church: City:

<input type="checkbox"/> (04) Lutheran – ELCA	<input type="checkbox"/> (98) Covenant	<input type="checkbox"/> (70) Jewish
<input type="checkbox"/> (15) Lutheran – Missouri	<input type="checkbox"/> (45) Episcopal	<input type="checkbox"/> (73) Hindu
<input type="checkbox"/> (20) Lutheran – Wisconsin	<input type="checkbox"/> (50) Methodist	<input type="checkbox"/> (75) Muslim
<input type="checkbox"/> (25) Lutheran – Other	<input type="checkbox"/> (97) Non-Denominational	<input type="checkbox"/> (77) Buddhist
<input type="checkbox"/> (86) Assembly of God	<input type="checkbox"/> (55) Presbyterian	<input type="checkbox"/> (99) No affiliation
<input type="checkbox"/> (30) Baptist	<input type="checkbox"/> (90) Reformed	<input type="checkbox"/> (98) No response
<input type="checkbox"/> (40) United Church of Christ (Congregational)	<input type="checkbox"/> (65) Catholic	
	<input type="checkbox"/> (83) Christian Scientist	<input type="checkbox"/> Other: <input type="text"/>

DEMOGRAPHIC INFORMATION

Do you consider yourself to be Hispanic/Latino? ☐ Yes ☐ No

In addition, select one or more racial categories to describe yourself:

<input type="checkbox"/> (NA) American Indian/Alaskan Native	<input type="checkbox"/> (BL) Black or African American	<input type="checkbox"/> (WH) White
<input type="checkbox"/> (AS) Asian	<input type="checkbox"/> (HP) Native Hawaiian/Pacific Islander	

What languages besides English, if any, do you use at home: