

## Parent/Family Information Form

**Please print clearly**

**Complete online at: [www.cmc.edu/parentgateway](http://www.cmc.edu/parentgateway)**

This information will be used to include families in CMC's emergency notification system, update our records, and send families CMC correspondence and event notices either by mail or email. CMC does not share personal information.

### STUDENT INFORMATION

|   |  |
|---|--|
| Full Name   |  |
| Nickname  |  |
| Student maintains residence with: <input type="checkbox"/> both parents <input type="checkbox"/> mother <input type="checkbox"/> father <input type="checkbox"/> independent <input type="checkbox"/> other _____ |  |
| Check if appropriate: <input type="checkbox"/> parents divorced <input type="checkbox"/> parents separated <input type="checkbox"/> father deceased <input type="checkbox"/> mother deceased                      |  |

Please List all CMC relatives (including immediate family)

|      |                         |            |
|------|-------------------------|------------|
| Name | Relationship to student | Class Year |
| Name | Relationship to student | Class Year |
| Name | Relationship to student | Class Year |
| Name | Relationship to student | Class Year |

### FAMILY 1 – PARENT 1 (Preferred mailing address: ☐ Home ☐ Business)

|  |  |
|--|--|
| Full Name:                                     | Prefix: <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Other _____ |
| Home Address:                                  |  |
| Home Phone: <input type="checkbox"/> Preferred | Cell Phone: <input type="checkbox"/> Preferred   |
| Email: <input type="checkbox"/> Preferred      |  |

#### Business Information

|  |               |
|--|---------------|
| Name of Company:                                   |               |
| Position/Title:                                    |               |
| Business Address:                                  |               |
| Business Phone: <input type="checkbox"/> Preferred | Business Fax: |
| Business Email: <input type="checkbox"/> Preferred | Web Address:  |
| Corporate/Foundation Board Memberships:            |               |

### FAMILY 1 – PARENT 2 (Preferred mailing address: ☐ Home ☐ Business)

|  |  |
|--|--|
| Full Name:                                     | Prefix: <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Other _____ |
| Home Address:                                  |  |
| Home Phone: <input type="checkbox"/> Preferred | Cell Phone: <input type="checkbox"/> Preferred   |
| Email: <input type="checkbox"/> Preferred      |  |

#### Business Information

|  |               |
|--|---------------|
| Name of Company:                                   |               |
| Position/Title:                                    |               |
| Business Address:                                  |               |
| Business Phone: <input type="checkbox"/> Preferred | Business Fax: |
| Business Email: <input type="checkbox"/> Preferred | Web Address:  |
| Corporate/Foundation Board Memberships:            |               |

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|   |  |   |              |
|---|--|---|--------------|
| <b>FAMILY 2 – PARENT 1</b> (Preferred mailing address: <input type="checkbox"/> Home <input type="checkbox"/> Business) |  |   |              |
| Full Name:  |  | Prefix: <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Other<br>_____ |              |
| Home Address:   |  |   |              |
| Home Phone:   |  | <input type="checkbox"/> Preferred  | Cell Phone:  |
|   |  | <input type="checkbox"/> Preferred  |              |
| Email:  |  | <input type="checkbox"/> Preferred  |              |
| <b>Business Information</b>   |  |   |              |
| Name of Company:  |  |   |              |
| Position/Title:   |  |   |              |
| Business Address:   |  |   |              |
| Business Phone:   |  | Business Fax:   |              |
| Business Email:   |  | <input type="checkbox"/> Preferred  | Web Address: |
| Corporate/Foundation Board Memberships:   |  |   |              |

|   |  |   |              |
|---|--|---|--------------|
| <b>FAMILY 2 – PARENT 2</b> (Preferred mailing address: <input type="checkbox"/> Home <input type="checkbox"/> Business) |  |   |              |
| Full Name:  |  | Prefix: <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Other<br>_____ |              |
| Home Address:   |  |   |              |
| Home Phone:   |  | <input type="checkbox"/> Preferred  | Cell Phone:  |
|   |  | <input type="checkbox"/> Preferred  |              |
| Email:  |  | <input type="checkbox"/> Preferred  |              |
| <b>Business Information</b>   |  |   |              |
| Name of Company:  |  |   |              |
| Position/Title:   |  |   |              |
| Business Address:   |  |   |              |
| Business Phone:   |  | Business Fax:   |              |
| Business Email:   |  | <input type="checkbox"/> Preferred  | Web Address: |
| Corporate/Foundation Board Memberships:   |  |   |              |

|   |             |                               |
|---|-------------|-------------------------------|
| <b>PATERNAL GRANDPARENT INFORMATION</b> ( <input type="checkbox"/> please send correspondence <input type="checkbox"/> please do not send correspondence) |             |                               |
| Last Name:  | First Name: | Salutation: (i.e. Mr. & Mrs.) |
| Last Name:  | First Name: |                               |
| Home Address:   |             |                               |
| Home Phone:   |             | Preferred Email:              |

|   |             |                               |
|---|-------------|-------------------------------|
| <b>MATERNAL GRANDPARENT INFORMATION</b> ( <input type="checkbox"/> please send correspondence <input type="checkbox"/> please do not send correspondence) |             |                               |
| Last Name:  | First Name: | Salutation: (i.e. Mr. & Mrs.) |
| Last Name:  | First Name: |                               |
| Home Address:   |             |                               |
| Home Phone:   |             | Preferred Email:              |

|                |                                  |  |
|----------------|----------------------------------|--|
| CMC Office Use | <b>Complete online at:</b>       | <a href="http://www.cmc.edu/parentgateway">www.cmc.edu/parentgateway</a>   |
|                | <b>OR mail complete form to:</b> | Claremont McKenna College<br>c/o Office of Alumni & Parent Relations<br>400 North Claremont Blvd.<br>Claremont, CA 91711 |
|                | <b>OR fax to:</b>                | 909-607-7494   |
|                |                                  |  |