

THE COLLEGE OF ST. SCHOLASTICA

Parents Council

Biography Form

Parent Information

Name (s) _____

Address _____

City _____ State _____ ZIP _____

Phone _____ E-mail _____

[] I/We are alumni of the College – Class(es) of _____

Parent 1 _____

Occupation _____

Employer _____

Address _____

City _____ *State* _____ *ZIP* _____

Phone _____ *E-mail* _____

Special interests _____

Parent 2 (if applicable) _____

Occupation _____

Employer _____

Address _____

City _____ *State* _____ *ZIP* _____

Phone _____ *E-mail* _____

Special interests _____

Student Information

Number of children attending St. Scholastica _____

Student Name _____

Student Status:

Freshman Sophomore Junior Senior Grad Student

Anticipated major and graduation year _____

Student Name _____

Student Status:

Freshman Sophomore Junior Senior Grad Student

Anticipated major and graduation year _____

If you have more than two children attending St. Scholastica, please let us know by providing additional information on the back of the application form.

I am/We are interested in joining the Parents Council because . . .

Please return form to:
The College of St. Scholastica
Elizabeth Simonson, Parents Council
1200 Kenwood Avenue
Duluth, MN 55811