



Family Information Form

Please print or type all information. Information will be used only for communication and other internal purposes of WPI. Please be sure to complete and return by September 15.

Student

Full name _____ Suffix _____

Student ID number _____ Date of birth _____ Class year _____

Home address (street) _____

City _____ State _____ ZIP _____ Home phone _____

Student's secondary school(s) attended during last three years _____

Hometown newspaper (announcements of achievements, honors, graduation news, etc.) _____

Guardian 1 (please check all that apply)

- Parent Stepparent Nonparent Guardian Male Female
- Single Married Separated Divorced Remarried Widowed

Prefix _____ Name _____ Suffix _____

Home address (street) _____ Email address _____

City _____ State _____ ZIP _____ Home phone _____

College attended _____ Degree _____ Class year _____

Additional education _____ Degree(s) _____

Job title _____ Company _____

Business address (street) _____

City _____ State _____ ZIP _____ Business phone _____

Professional, civic, social affiliations _____

I am interested in volunteer opportunities at WPI Does your company match charitable giving? Yes No

Guardian 2 (please check all that apply)

- Parent Stepparent Nonparent Guardian Male Female
- Single Married Separated Divorced Remarried Widowed

Prefix _____ Name _____ Suffix _____

Home address (street) _____ Email address _____

City _____ State _____ ZIP _____ Home phone _____

College attended _____ Degree _____ Class year _____

Additional education _____ Degree(s) _____

Job title _____ Company _____

Business address (street) _____

City _____ State _____ ZIP _____ Business phone _____

Professional, civic, social affiliations _____

I am interested in volunteer opportunities at WPI Does your company match charitable giving? Yes No

(over)

Siblings

Name _____ Suffix _____
Birthdate _____ Relationship _____ School(s) attended _____
Name _____ Suffix _____
Birthdate _____ Relationship _____ School(s) attended _____
Name _____ Suffix _____
Birthdate _____ Relationship _____ School(s) attended _____

Relatives who have attended WPI and/or WPI graduate programs

Prefix _____ Name _____ Suffix _____
Relationship _____ Class year _____ Graduate program _____
Prefix _____ Name _____ Suffix _____
Relationship _____ Class year _____ Graduate program _____

Additional Family Members (You may sign up additional family members—grandparents, etc.—to receive communications from WPI.)

Prefix _____ Name _____ Suffix _____
Home address (street) _____ Email address _____
City _____ State _____ ZIP _____ Home phone _____
College attended _____ Degree _____ Class year _____
Additional education _____ Degree(s) _____
Job title _____ Company _____
Business address (street) _____
City _____ State _____ ZIP _____ Business phone _____
Professional, civic, social affiliations _____

Prefix _____ Name _____ Suffix _____
Home address (street) _____ Email address _____
City _____ State _____ ZIP _____ Home phone _____
College attended _____ Degree _____ Class year _____
Additional education _____ Degree(s) _____
Job title _____ Company _____
Business address (street) _____
City _____ State _____ ZIP _____ Business phone _____
Professional, civic, social affiliations _____

If you have any questions regarding this form, please contact Patrick Maloney at 508-831-6052 or mykids@wpi.edu.