LIM COLLEGE

Parents Association Enrollment Form

Personal Information

Parent or Guardian Name _____

Address:_____

City:_____State:_____Zip:_____

Contact Phone Number:_____

Preferred Email:_____

Student Name:_____

Your student is a: Freshman Sophomore Junior Senior
Circle one

Did your student transfer from another college: Yes No
Circle one

Does Your Student Live in the dorm: Yes No
Circle one

Professional Information

Company:_____

Position/Title:_____

Address:_____

City:_____State:_____Zip:_____

Phone:_____Fax:_____

☐ I would like to be active in the Parent Advisory Board

Please mail to: Gail Nardin
LIM College
216 East 45th Street, 1st Floor
New York, NY 10017

Or email to : parentassociation@limcollege.edu
Or fax to: 212-750-3438