

STUDENT APPLICATION FORM

(all information submitted will be treated in the strictest confidence)

Please Print

Name _____ Date of Birth _____

Address _____

_____ Post Code _____

Phone: Home (_____) _____ Mobile _____

Fax _____ E-mail _____

Postal Address _____

_____ Post Code _____

Married _____ Single _____ No. Children _____

Occupation _____ Title (if any) _____

Church you attend _____

Address _____ Post Code _____

Pastor's Name _____ Phone (_____) _____

Do you have any official involvement in this church: Yes/No

How long have you been born again? (Romans 10:9 & 10) _____

How long have you been filled with the Spirit (Acts 2:4) _____

How did you hear about the bible school? _____

Outline briefly your reasons for enrolling in this Bible Study Course:

Outline your goals, visions for the future.

What is your responsibility regarding Bible School and your goals/visions?

Date: _____ Signature: _____