CLIM SCHOOL OF MINISTRY

REGISTRATION FORM

General:			
Your Name:			
Last Name	First Name	MI	Maiden Name
Address:			
City:	State:		_ Zip:
Home Phone: ()	Cell/Work Phone:(_)	
E-mail Address:			
Personal:			
Gender:MaleIDivorcedWidowed	Female Marital Status:Sing	gleMar	riedSeparated
Date of birth: (mm)(dd)	(yy)		
Are you a US Citizen?Yes _ If no, what type of visa have you	No If no, country of citizen obtained to live in the United	nship? States? _	
Have you ever been convicted of If yes, explain			
Spiritual: When did you accept Christ as you have you been baptized in the Ho—No	our personal Savior? oly Ghost?YesNo D		
Do you attend church regularly?	YesNo Are you a men	nber of a	church?YesNo
Current church/denomination nar			
Pastor's Name: Church Address:			
Medical:			
Are you presently under the care	of a physicians? Yes N	lo	
If ves. please explain:	1 3		

Family: Spouse: If married, name of spouse: Children: Name: Name: Age: Parents: (please complete this section if under 18 years of age) Name of father/guardian: Address: City: Name of mother/guardian: Address: City: Education History: High School: YesNo College: Dates Attended: No Bible College: Dates Attended: No Affirmations (as found on the following pages): I have carefully read the "Statement of Faith," and I affirm my beli I have carefully read the "Financial information" and the Enrollmen Information," and I agree to abide by the financial policies set forth by Ministry. I understand that faithfulness is most important for success as a stuce Ministry. I will be faithful to keep my obligations, complete the tasks to do them on time. I understand that CLIM School of Ministry is a non-accredited school I certify, to the best of my knowledge, that all of the answers and state				
If married, name of spouse: Children: Name:				
Children: Name: Age: Age: Name: Age: Name: Age: Name: Nage: Name: Age: Age: Name: Age: Age:				
Name:				
Name: Age:				
Name:				
Name:				
Parents: (please complete this section if under 18 years of age) Name of father/guardian:				
Name of father/guardian: City:				
Name of father/guardian: City: Name of mother/guardian: Pho Address: City: Pho Address: City: Pho Address: City: Pho Address: City: Pho Education History: Dates Attended: Pho College: Dates Attended: Pho College: Dates Attended: Pho Bible College: Dates Attended: Pho Affirmations (as found on the following pages): I have carefully read the "Statement of Faith," and I affirm my beli I have carefully read the "Financial information" and the Enrollmen Information," and I agree to abide by the financial policies set forth by Ministry I understand that faithfulness is most important for success as a study Ministry. I will be faithful to keep my obligations, complete the tasks to do them on time I understand that CLIM School of Ministry is a non-accredited school. I certify, to the best of my knowledge, that all of the answers and state				
Address:	one:			
Address:	_State:_	\overline{z}	Zip:	
Education History: High School:	one:			
High School:	_State:_	Z	Zip:	
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College:		Dia you g	raduate?	
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I certify, to the best of my knowledge, that all of the answers and state	nol			
	ements or	n this appl	lication	
are true, and give an accurate and adequate account of my background				
Signature:Date:	Date:			