BIBS - Registration Form

For Correspondence Students

Date: _____

Full Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____

Birthdate: _____

Email: _____

Emergency Contact: Name: _____

Phone: _____ Relation: _____

Church Name: _____

Ch. Address: _____

City/State/Zip: _____

Pastor: _____

Married: Yes No **Gender:** M F

Type of Student: Attendance Degree **New Student:** Yes No

Class Enrollment:

1. _____
2. _____
3. _____
4. _____

Fee: $50 per class

Do you agree to abide by our standards of conduct? Yes No