

# LIGHTHOUSE SUPERNATURAL TRAINING CENTER APPLICATION FORM

## VITAL INFORMATION :

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Current Address : \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Emergency Contact : \_\_\_\_\_ Relationship : \_\_\_\_\_ Phone : \_\_\_\_\_

## ABOUT YOU:

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Gender:

Male  Female

Marital Status:

Single  Married  Separated  Widowed  Common-law  Divorced/Unmarried

Divorced/Remarried

If married, will your spouse be attending school?

Yes  No

**Do not complete; for internal purposes only**

Tuition Details Tuition Costs: \$1700 \$100 Deposit is due with Application

Tuition is non-refundable after October 31.

<u>Payment Amount</u>	<u>Payment Date</u>	<u>Payment Method</u>
Deposit _____	Date: _____	<input type="checkbox"/> Cheq <input type="checkbox"/> Cash <input type="checkbox"/> Debit <input type="checkbox"/> Credit Card
1 <sup>st</sup> payment _____	Date: _____	<input type="checkbox"/> Cheq <input type="checkbox"/> Cash <input type="checkbox"/> Debit <input type="checkbox"/> Credit Card
2 <sup>nd</sup> payment _____	Date: _____	<input type="checkbox"/> Cheq <input type="checkbox"/> Cash <input type="checkbox"/> Debit <input type="checkbox"/> Credit Card
3 <sup>rd</sup> payment : _____	Date: _____	<input type="checkbox"/> Cheq <input type="checkbox"/> Cash <input type="checkbox"/> Debit <input type="checkbox"/> Credit Card