



STUDENT INFORMATION

Full Name _____
Date of Birth / / Place of Birth _____
 dd mm yyyy
Gender ☐ Male ☐ Female
Home Address _____
City _____ Parish/ State _____ Zip Code _____
Phone Number _____ Email _____

EMERGENCY CONTACT DETAILS

Organisation _____
Work Phone _____ Work/Cell Phone _____
Emergency Contact Name _____ Emergency Phone _____
Relationship to Student _____ Alternate Phone _____

QUALIFICATIONS

Name of High School/ College/ University/ Institution	Title of Qualification Obtained	Date Awarded (mm/yyyy)

Signature

Date

 / /
dd mm yyyy



PROGRAMME

- | | | | | | |
|-----------------------------|-----------------------|---------------------------|-----------------------|-------------------------|-----------------------|
| Apologetics | <input type="radio"/> | Biblical Studies | <input type="radio"/> | Critical Thinking | <input type="radio"/> |
| Deliverance | <input type="radio"/> | Digital Church Design | <input type="radio"/> | Financial Management | <input type="radio"/> |
| Guidance & Counselling | <input type="radio"/> | Information Technology | <input type="radio"/> | Leadership & Management | <input type="radio"/> |
| Liturgical Praise & Worship | <input type="radio"/> | Music & Sound Engineering | <input type="radio"/> | Project Management | <input type="radio"/> |

SEMESTER

January _____
yyyy

June _____
yyyy

OTHER INFORMATION

- Do you own a computer system ☐ Yes ☐ No
- Do you have Internet Service ☐ Yes ☐ No

PERSONAL STATEMENT

Write a statement indicating the reason for your wanting to join this school and your intended programme.

Signature

Date

dd / mm / yyyy

Official Use Only

Application

Approved ☐

Not Approved ☐

Payment Received

Yes ☐

No ☐

Signature Registrar/ Bursar