



CHRISTIAN BIBLE COLLEGE OF LOUISIANA

REGISTRATION FORM

Mailing Address: Post Office Box 850075, New Orleans, LA 70185

METAIRIE CAMPUS

BELLE CHASSE CAMPUS

ONLINE

1st YEAR AND MASTER I STUDENTS

Please send Check or Money Order only.

(PLEASE PRINT LEGIBLY)

NAME _____
Last First Middle

ADDRESS _____
Street City State Zip Code

HOME PHONE _____ CELL PHONE _____

EMPLOYER _____ WORK PHONE _____

DATE OF BIRTH _____ PLACE OF BIRTH _____ SSN _____

EMAIL ADDRESS _____ EDUCATION (Circle highest grade completed):

ELEMENTARY 1 2 3 4 5 6 7 8 SECONDARY 9 10 11 12 GED _____ COLLEGE 1 2 3 4 POST GRAD _____

HIGH SCHOOL ATTENDED _____ What
NAME _____ Did you graduate? No / Yes Year _____

CITY AND STATE _____

CHURCH NAME: _____ PASTOR: _____

CHURCH ADDRESS: _____
Street City State Zip Code

POSITION(S) HELD (Check all that apply):
() PASTOR () MINISTER () DEACON () TEACHER () CHRISTIAN LAYMAN () OTHER _____

ARE YOU IN GOOD STANDING WITH YOUR CHURCH? _____ YES _____ NO

DEGREE DESIRED (Check one) **CERTIFICATE DESIRED** (Check all that apply)
() BACHELOR () CHRISTIAN COUNSELING (Main Campus Only)
() MASTER () LEADERSHIP DEVELOPMENT (Main Campus Only)
() OTHER _____

MARITAL STATUS (Check one) () Married () Single () Separated () Divorced () Widow/Widower

Have you attended Christian Bible College previously? () No () Yes What Year(s)? _____ Level Completed? _____

Medical limitations, if any: _____

Are you certified in CPR? : YES NO

EMERGENCY CONTACT: _____
Name Phone Number Relationship

References:
Name Address Phone number
1. _____
2. _____

SIGNATURE _____ DATE OF APPLICATION _____

#####OFFICE USE ONLY#####

1ST SEMESTER REGISTRATION ()	2ND SEMESTER REGISTRATION ()
DATE OF ACCEPTANCE _____	DATE OF ACCEPTANCE _____
GROUP _____	GROUP _____
START DATE _____	START DATE _____
CERTIFIED BY: _____	CERTIFIED BY: _____