



# Southeastern Spanish Theological Institute REGISTRATION (PLEASE PRINT)

BRANCH NAME : \_\_\_\_\_

New Student     Returning Student : State date of previous school year attendance: \_\_\_\_\_  
 Transferred from(Branch Name): \_\_\_\_\_

Branch: \_\_\_\_\_ Today's date: \_\_\_\_\_

### STUDENT'S INFORMATION

Last name:	First:	Middle:	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss <input type="checkbox"/> Ms.	Marital status (circle one) Single / Mar / Div / Sep / Wid
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Is this your legal name? <input type="checkbox"/> Yes <input type="checkbox"/> No	If not, what is your legal name?	(Former name):	Birth date: / /	Age:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
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Street address:	Social Security no.:	Home phone no.: (    )
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P.O. Box:	City:	State:	ZIP Code:
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Member of a Church? <input type="checkbox"/> Yes <input type="checkbox"/> No	Pastor's Name:	Pastor's phone no.: (    )
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Church Name:	Phone no.	(    )
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Are you a believer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you been Baptized? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you received the Baptisms of the Holy Spirit? Acts 2:4 <input type="checkbox"/> Yes <input type="checkbox"/> No
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### EDUCATION INFORMATION

High School Graduate?  Yes     No    GED?  Yes     No    Institute?  Yes     No    College?  Yes     No

Bible Institute Name:	Location :
College/University Name:	Location:
Other School Name:	Location:

### REFERENCES

Note: Senior Pastor Signatures indicates that he gives his full recommendation to the applicant.

Senior Pastor's Name:	Signature:
Name:	Phone No. : (    )    Time Known?
Name:	Phone No. : (    )    Time Known?
Name:	Phone No. : (    )    Time Known?

### IN CASE OF EMERGENCY

Name of local friend or relative (not living at same address):	Relationship to applicant:	Home phone no.: (    )	Other phone no.: (    )
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The above information is true to the best of my knowledge. I understand that I am financially responsible for any balance. I also authorize ITH or ITH Branch to release any information required to process my certificate or special recognition and/or portrait for publication. S. E. Spanish Theological Institute will only provide Christian education services. The District will not be liable for any other service being provided by the Branches.

<p style="text-align: center;">_____ Name/Signature</p>	<p style="text-align: center;">_____ Date</p>
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