



Part-Time Student Application

For Office Use Only
Student Id#:

CLASSES APPLYING FOR:	1.	2.
Term: <input type="checkbox"/> Fall <input type="checkbox"/> Spring	3.	4.
Year:	5.	6.

PERSONAL INFORMATION (PLEASE PRINT OR CHECK APPROPRIATE BOXES)			
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Male	First Name:	Middle Name:	Last Name:
<input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Female			
Date of Birth (yyyy/mm/dd):	Citizenship: <input type="checkbox"/> Canadian <input type="checkbox"/> US <input type="checkbox"/> Other:		Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced
First Language: <input type="checkbox"/> English <input type="checkbox"/> Other:			
Spouse's Name:		How long married:	
Mailing Address:		City:	Province/State: PC/Zip:
Home Phone:	Cell Phone:	Email:	
Do you have any disabilities which require consideration? <input type="checkbox"/> Learning disability <input type="checkbox"/> Physical disability <input type="checkbox"/> Emotional/Mental Health Condition <input type="checkbox"/> Medical Illness/Condition. Please explain:			
Are you presently on any form of medication? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:			

CURRENT CHURCH INFORMATION			
Name of Church:		Pastor's Name:	
Mailing Address:		City:	Province/State: PC/Zip:
Church Phone:	Church Fax:	Church Email:	
		Pastor's Email:	
How long have you attended this church?			
How regularly have you attended in the last year? <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other, explain:			

EDUCATIONAL HISTORY			
Name of High School:		Date of Graduation: (mm/yyyy)	
School Address:		City:	Province/State: PC/Zip:
Post Secondary Institutions Attended:		Dates of Attendance:	
Degree/Content of Education:			

How did you hear about Living Faith Bible College (referral, internet, ministry tour, LYFE Retreat, radio, etc.)? Please explain:	
To the best of my knowledge all information I have given in this application is complete and true. I authorize Living Faith Bible College to disclose relevant personal information collected on this form as required and I understand that the contents of this application become the property of Living Faith Bible College.	
Applicant's Signature:	Date:

Please return this by mail to:
Living Faith Bible College, Admissions
Box 100, Caroline, AB T0M 0M0

Or by fax to:
Attention: Admissions Department
(403) 722-2459