



87 West Ridge Road Sutter Creek, CA
 P.O. Box 515 Jackson CA 95642
 209-267-1263

Bible Institute at New Life Christian Center

"Your word is a lamp to my feet and a light to my path."
 Psalm 119:105

Student Registration Form

Student Information

Name: _____ Date: _____

Address: _____ New Information?

City: _____ State: _____ Zip code: _____

Phone (Home) _____ (Work) _____

Check one: First Year ____ Second Year ____ Third Year ____ Check one: Fall Semester ____ Spring Semester ____

Please register me as follows:

Course #	Course Title	Units	Final Grade (OUO)	Credit	audit.

Payments (See Schedule of Course Fees and Costs Worksheet.)

I understand that I am responsible for obtaining my own textbooks. I must have the textbooks in hand on the first day of class. I also understand that I must purchase the notebook materials from the Bible Institute at New Life Christian Center in addition to the textbooks.

Signed _____