



Life Center of Brandon

Love God. Love People. Tell the World.

EXTENSION SCHOOL REGISTRATION FORM

Print or Type Clearly

DATE ____/____/____

TITLE: Rev. Pastor Mr. Mrs. Ms. Other: _____

LAST NAME _____

FIRST NAME _____

MIDDLE NAME _____

PHONE (_____) _____

MAILING ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

COUNTRY _____

BIRTH DATE ____/____/____ **E-MAIL ADDRESS** _____

HOME CHURCH _____

ADDRESS _____

PASTOR'S NAME _____ **OFFICE PHONE** () _____

STUDENT INFORMATION:

1) Are you born again? ____ Date: ____/____/____ Are you Spirit filled according to Acts 2:4? ____

2) Do you intend your studies to prepare you as a Minister ____ or Church Leader ____?

3) Are you called to the Ministry? ____ Are you currently engaged in the Ministry? ____
If yes, attach a resume detailing all ministerial work.

PREVIOUS EDUCATION/STUDIES:

1) Attach separate college transcripts, resumes, records and/or other evidence of previous study for Bible/Religious Education and/or secular education.

COURSE YOU ARE APPLYING FOR:

☐ Extension School Diploma Course

Signature _____ **Date** _____