

**Tulare Missionary Baptist Seminary**  
**2007 - 2008 Enrollment Form**  
 (Supercedes All Previous)

Name:	Date:	Fall <input type="checkbox"/> Spring <input type="checkbox"/>
Street:	Phone No.:	
City:	State:	Zip:

**Classification**

Classification: Freshman  Sophomore  Junior  Senior  Graduate  Special

Objective: Associate of Theology  Bachelor of Theology  Master of Theology

Date of intended graduation:

**Church Information**

Pastor:	Day Phone:	Night Phone:
Church:	Have you been a member of an ABA church for at least one year? Yes <input type="checkbox"/> No <input type="checkbox"/>	

**Class Schedule**

Course Name	Course No.	Fees/Tuition	
		Registration Fee (\$10.00 x Total classes) (Not to exceed \$50.00)	
		Tuition Fees (\$50.00 per Sem. Hour)	
		Late Fee (\$10.00)	
		ABA Scholarship	
		Other Scholarship	
		Total Paid	
		Balance Due	
		Date Paid	
		Receipt Number	

# Student Information Record

Name:

SSN:

## In Case of Emergency Notify

Name:

Relation:

Address:

Day Phone:

Night Phone:

## Personal Information

Date of Birth:

Birthplace:

Semester and year you first attended:

Marital Status:

Employer:

Day Phone:

Night Phone:

Church:

Pastor:

Phone:

Nearest Relative:

Address:

Phone:

City:

## Spouse Information

Name:

Date of Birth:

Address (if different)

Employer:

Day Phone:

Night Phone:

Dependents and Relationship:

Complete both sides of this form and mail to:

**Tulare Missionary Baptist Seminary**

**P. O. Box 1550**

**Tulare, CA 93275**