

# New Student Enrollment Form

## PERSONAL INFORMATION

Name: *(Last, First, Middle Initial.)*

Preferred Name:

Date of Birth:

Address: *(Street number and name)*

*(Apartment number)*

*(City)*

*(State)*

*(Zip/postal code)*

Telephone Number:

Email Address:

Current Church Attending:

Current Church Pastor:

Current AG Credential Held (If Applicable):

Certified

Licensed

Ordained

School of Ministry Location of Choice:

ONLINE: ZOOM

ASL

Christian Life Assembly, Lancaster

CityWide Mosaic A/G, Temecula

Journey Church, Fullerton

Port City Church, Wilmington

Riverstone Chapel, Chatsworth

## EDUCATION

University / Bible Institute Attended

City/State

Date (or year) of Graduation

Degree Received

## SIGNATURE & ENROLLMENT FEE

Enrollment Fee:

An application fee of **\$50.00** is required for enrollment into the SoCal School of Ministry. This fee is non-refundable, and is a one-time only administrative fee.

Required Signature:

*I certify that the information provided on this application is, to the best of my knowledge, complete and accurate.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Office Use Only

Total Amount Paid: \_\_\_\_\_ Paid By:  Check# \_\_\_\_\_  Cash  Credit Card  Online Date Processed: \_\_\_\_\_

**SOCAL SCHOOL OF MINISTRY**

17951 COWAN, IRVINE, CA 92614 | (949) 252-8400 | [SCHOOLOFMINISTRY@SOCALNETWORK.ORG](mailto:SCHOOLOFMINISTRY@SOCALNETWORK.ORG) | [WWW.SOCALSCHOOLOFMINISTRY.ORG](http://WWW.SOCALSCHOOLOFMINISTRY.ORG)