



KINGDOM BIBLE SCHOOL OF MINISTRY – SHORT COURSE APPLICATION FORM

STUDENT INFORMATION

Surname:

First Name:

Marital status:

Spouse's Name:

Home Address:

Postal Address: P.O. Box

Short Course Applied For:

Correspondence: Yes/No

Identity Number / Passport Number:

Nationality:

Occupation:

Company Employed By:

Cellphone Number:

Work Telephone Number:

E-mail Address:

Do you attend a church? YES/NO If yes, State name of the church and Names of the Pastors: _____

Church Telephone Number: _____

Are you now or have you ever been a student at Kingdom Bible School of ministry?
YES/NO

GENERAL INFORMATION

Briefly outline what you expect to gain from joining this short course.

by signing this, I hereby abide by all KBSM policies. NB: And I undertake to pay all charges related to my education when arise.

NB: Forms must be complete with identification. Incomplete applications will not be considered.

_____ Date

_____ Signature