



The Rock Bible College Application

Date ___/___/___

Name _____
(first name) (middle initial) (last name)

Current Address _____

City: _____ State: _____ Zip: _____ Home # (_____) _____

Cell # (_____) _____ Email address: _____

Birth Date: _____ Gender _____ Marital Status _____

Present Employer / Occupation: _____

Church you are attending: Name _____

Address _____

Phone (_____) _____ Pastors Name _____

Years you've been attending _____ Born Again (date) _____ Baptized (date) _____

Name of person(s) to contact in case of an emergency:

Name: _____ Relationship: _____ Phone Number (_____) _____

Applicants Statement

I understand that I am registering for The Rock Bible College / ISOM. That my registration is not complete until I have paid in full for each trimester as the trimester approaches. I also understand that each trimester is eight weeks long and that my attendance is necessary for me to complete the trimester with a passing grade. I understand that the final exam and any homework that is assigned will affect my final grade. I also understand that if I am absent for 3 or more classes I will be dropped from the class. I agree that there are no refunds for any tuitions paid once class has started.

Signed _____ Date _____

For office use only: Trimester 1 ___ Trimester 2 ___ Trimester 3 ___ Trimester 4 ___ Trimester 5 ___
Amount Paid \$ _____ Date Paid: ___/___/___ Paid by: Check ___ Credit Card ___