



PBBC
 P A C I F I C
 BAPTIST BIBLE
 C O L L E G E

Director of Admissions
 3332 Magnolia Ave
 Long Beach, CA 90806
 (562) 424-7714 ext. 315
 FAX (562) 424-3324
 admissions@pacificbaptistbiblecollege.com

Please attach
 current photo
 here.

Application for Admission

Enrollment Date: ___ Fall Semester ___ Spring Semester Year _____

Personal Information

Legal Name: _____ Male Female
Last Name First Name Middle

Preferred Name: _____ Social Security Number: ___-___-___ Birth Date: ___/___/___

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Mobile Phone: (____) _____ E-mail: _____

Are you a U.S. Citizen: Yes No If Not, list citizenship: _____

Marital Status: Single Married Engaged Divorced Separated Widowed Remarried

Have you ever been divorced? Yes No

If Married, spouse's name: _____ Number of Children: _____ Ages: _____

Parental Information

Father's Name: _____ Phone Number: (____) _____
 Legal Guardian (Indicate deceased if not living)

Permanent Address: _____
Number and Street City State Zip

Mother's Name: _____ Phone Number: (____) _____
 Legal Guardian (Indicate deceased if not living)

Permanent Address: _____
Number and Street City State Zip

Military Information

Have you ever served in the Armed Forces? Yes No Branch of Service: _____

Date of Enlistment: _____ Type of Discharge: _____

If not honorable, please explain: _____

References

Please list the names of those to whom you are giving reference forms: (Your pastor's recommendation must be obtained along with two personal references)

First Personal Reference _____ Phone Number: (____) _____

Second Personal Reference _____ Phone Number: (____) _____



Application for Admission

Spiritual Information

Date of Salvation: ____/____/____ Are you a member of a church: __Yes __No

Name of Church: _____

Address: _____
 Number and Street City State Zip

Pastor's Name: _____ Phone Number: (____) _____

Please write a brief description of (1) your salvation testimony, (2) your reasons for attending Pacific Baptist Bible College, and (3) your call of service in the space below or on a separate sheet of paper:

Financial Information

Briefly state how you plan to pay for your college expenses: _____

Are you in debt? __Yes __No If so, please explain briefly: _____

Statement of Intent

In signing this application for admission to Pacific Baptist Bible College, I certify my willingness, if accepted, to cooperate with the purpose and standards of PBBC, abide by all the policies of the college, subscribe to its doctrines, and cooperate fully in **advancing the cause of Christ and the testimony of Pacific Baptist Bible College**. Any falsification on any part of this application can result in cancellation of admission and/or dismissal from Pacific Baptist Bible College at any time.

Student's Signature _____ Date _____



Application for Admission

Form 1

Medical Information

Name of Insurance Company: _____

Address: _____

Number and Street

City

State

Zip

Policy or Group Number: _____

Identification Number: _____

Family Physician: _____ Phone Number: (____) _____

What is your height: _____ and your weight: _____

Yes No Has your schooling or job ever been interrupted because of health or emotional disorders? If yes, explain: _____

Yes No Do you have any physical, mental, or psychological limitations which might require some adjustments to a typical student activity schedule?

Yes No Have you ever tested positive for the HIV virus?

Yes No Are you presently taking any medication prescribed by a physician? If yes, list the medications you are taking, the frequency which you take them, and the reason you are taking them: _____

Yes No Have you been hospitalized in the past two years? If yes, when? _____
Reason: _____

Immunization Record (Please list month and year)

Diphtheria/Tetanus ____/____ Measles 1st ____/____ Measles 2nd ____/____ Rubella ____/____
Tuberculosis (must be within the last 6 months) ____/____ Results _____

Previous and Present Medical Problems

If additional space is necessary, please attach a separate sheet of paper.

Hospitalizations - include diagnosis and dates: _____

Surgeries - include type of operations and dates: _____

Injuries - list any complications: _____

List any allergies to medicine, food, or substance: _____

List present medication, doses, and reason for taking: _____

List any physical limitations: _____

List any known learning disability: _____

Student Medical History

Please check those that you have had.

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Diabetes/Hypoglycemia | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Rheumatic Fever |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Eye Trouble | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Scarlet Fever |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Fainting Attacks | <input type="checkbox"/> Kidney Infections | <input type="checkbox"/> Thyroid Disease |
| <input type="checkbox"/> Convulsions or Epilepsy | <input type="checkbox"/> Frequent Attacks | <input type="checkbox"/> Liver Disease | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Frequent Headaches | <input type="checkbox"/> Low Blood Pressure | <input type="checkbox"/> Venereal Disease |

Explain any checked lines on a separate sheet of paper.

Your signature below signifies that this information is true and complete to the best of your knowledge.

Student's Signature _____ Date _____

Parent's Signature (if under 18 years of age) _____ Date _____



Application for Admission

Form 1

Consent and Release

This section is to be filled out and signed by your parent or legal guardian if you are younger than 21 years of age and are single.

I _____, of _____
Parent or Legal Guardian Address State Zip

do appoint the staff at Pacific Baptist Bible College and Pacific Baptist Church in Long Beach, California, to make emergency medical decisions for my child, _____, in the event that I cannot be reached at the telephone number listed below. Child's Name

In the event of an emergency, if I cannot be reached, my appointee has authority to consent to or refuse treatment on my child's behalf and to arrange medical services for my child, including admission to a hospital. If my child has medical conditions which may be relevant to a physician in the event of such an emergency, I have listed them below.

I understand and hereby agree to assume all financial obligations which are incurred in connection with such emergency medical decisions. I do hereby agree to hold Pacific Baptist Church, Pacific Baptist Bible College, and their agents and employees, harmless from any and all liability, actions, causes of actions, claims, expenses, and damages, even injury resulting in death, which I now have or which may arise in the future in connection with such emergency medical decisions.

I expressly agree that this release, waiver, and indemnity agreement is intended to be broad and inclusive as permitted by the law of the state of California, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This release contains the entire agreement between the parties hereto, and the terms of this release are contractual and not a mere recital.

I further state that I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF, AND I SIGN THIS RELEASE AS MY OWN FREE ACT. This is a legally binding agreement which I have read and understood.

_____/_____/_____
Parent or Legal Guardian Date Telephone number where I may be reached

Medical Insurance Information

Are you covered by hospital and surgical insurance that will be valid through your first year at PBBC?
 Yes No

If Yes - Name of Insurance Carrier: _____ Policy #: _____ ID #: _____

If No - I understand that I am carrying no medical insurance and have no plans covering me. I understand that I am responsible for paying all medical costs which may accrue.

Student's Signature _____ Date: ____/____/____

Parent's Signature (if under 21) _____ Date: ____/____/____

