



**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

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.

Anemia

Diabetes/Hypoglycemia

Heart Disease

Rheumatic Fever

Asthma

Eye Trouble

High Blood Pressure

Scarlet Fever

Arthritis

Fainting Attacks

Kidney Infections

Thyroid Disease

Convulsions or Epilepsy

Frequent Attacks

Liver Disease

Tuberculosis

Depression

Frequent Headaches

Low Blood Pressure

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: \_\_\_\_/\_\_\_\_/\_\_\_\_

