

Application for Re-admission

Application for Re-admission

Re-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: _____

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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 this coming 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: ____/____/____

