

REGISTRATION FORM



REGISTRATION FORM

TITLE (MR, MRS, MS, DR, PROF, OR OTHER)

Date :

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	Y	Y	Y	Y

WHAT PROGRAMME
ARE YOU REGISTERING
FOR:

☐

YEAR 1

☐

YEAR 2

☐

YEAR 3

☐

YEAR 4 - 6

PREVIOUS EDUCATION (MIN MATRIC):

PERSONAL INFORMATION

Full Names :

Place Of Birth : Date Of Birth :

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	Y	Y

Full Address :

Status : ☐ Single ☐ Married ☐ Divorce ☐ Other ☐

Payment Plan : ☐ Upfront ☐ Monthly ☐ Quarterly ☐ Other ☐

Nationality : Postcode :

Religion : City / Country :

E-Mail : Mobile No :

Have you
made a
commitment
to Jesus Christ?

☐

Yes

☐

No

Gender : ☐ Male ☐ Female

HOW LONG HAVE YOU BEEN BORN
AGAIN?

DO YOU BELONG TO A LOCAL CHURCH
AND WHICH ONE?

ARE YOU INVOLVED IN YOUR LOCAL
CHURCH AND IF SO, HOW?

THANK YOU FOR YOUR INFORMATION

Signature Of Author

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HAVE YOU
PARTICIPATED IN ANY
OF THE FOLLOWING
OVER THE LAST 6
MONTHS?

☐ ALCOHOL

☐ ILLEGAL
DRUGS

☐ ABUSE OF
PRESCRIPTION
MEDICATION

☐ ANY OTHER

MY PERSONAL TESTIMONY / TESTIMONY SINCE I HAVE BEEN STUDYING THROUGH FUZION BIBLE INSTITUTE

I hereby certify the information I have provided in this application is true. I have read the Fuzion Bible Institute Code of Conduct and Student Classroom Requirements. I accept them, including observance of the specific standards of conduct stated therein, while a student of Fuzion Bible Institute. The Institute reserves the right to require the withdrawal of any student who is considered to be out of harmony with the philosophy of the Institute. I further understand that if I have overlooked a question or failed to complete any application form by Fuzion Bible Institute standards that the review process of my application may be delayed which might ultimately result in me having to wait until such is completed. (By selecting yes, you are agreeing to these terms)

: ☐ Yes ☐ No

THANK YOU FOR YOUR INFORMATION

Signature Of Author