



FAITH CENTRE BIBLE COLLEGE

3-5 Prince of Wales Street, P.O. Box 185,
San Fernando, Trinidad, West Indies
Tel. No. (868) 657-0649

PASSPORT SIZE
PICTURE

STUDENT REGISTRATION FORM

NAME: _____
Last First

TITLE: (TICK ONE) MR. MRS. MISS DR. PASTOR

ADDRESS _____

HOME PHONE _____ CELL PHONE _____

E-MAIL ADDRESS _____

DATE OF BIRTH _____

MARITAL STATUS: Single Married Separated Divorced Widowed

OCCUPATION: _____

EMPLOYMENT ADDRESS: _____

PHONE _____

ACADEMIC STATUS: (Tick One) Primary Secondary Technical Tertiary

HAVE YOU BEEN PREVIOUSLY ENROLLED AT FCBC? YES NO . If yes, when?

ARE YOU A MEMBER OF FAITH CENTRE? _____ IF NO, WHICH CHURCH DO YOU

ATTEND? _____ PHONE NO. _____

PASTOR'S NAME: _____

(Applicants not attending Faith Centre are required to obtain their Pastor's written permission)

WHAT YEAR WERE YOU BORN AGAIN? _____

HAVE YOU BEEN WATER BAPTIZED? _____

HAVE YOU RECEIVED THE BAPTISM OF THE HOLY GHOST WITH THE EVIDENCE OF
SPEAKING IN TONGUES? (ACTS 2:4) _____

WHAT MINISTRY GROUPS ARE YOU FAITHFULLY INVOLVED IN? _____

**PLEASE SUBMIT WITH THIS FORM A WRITTEN TESTIMONY INDICATING YOUR
CHRISTIAN EXPERIENCE AND COMMITMENT TO GOD.**

SIGNATURE _____ DATE: _____