



CHILDREN/TEENAGERS BIBLE PROGRAMME
(AUGUST 2024)

Attach
Recent
Colour

Please Complete Form In Block Letters

NAME: _____
SURNAME FIRST NAME LAST NAME

DATE OF BIRTH: _____ AGE: _____

NAME OF PARENT/GUARDIAN: _____

PARENT/GUARDIAN CONTACT ADDRESS: _____

PHONE NUMBER(S) OF PARENT/GUARDIAN: _____

NAME OF SCHOOL: _____

LANGUAGE(S) SPOKEN: _____

ARE YOU BORN AGAIN? YES NO

IF YES, WHEN? _____

HAVE YOU BEEN BAPTIZED IN THE HOLY SPIRIT WITH THE EVIDENCE OF SPEAKING IN TONGUES?

YES NO

IF YES, WHEN? _____

HAVE YOU BEEN BAPTIZED IN WATER BY IMMERSION? YES NO

IF YES, WHEN? _____

STUDENT'S ATTESTATION:

I, _____ HEREBY DECLARE THAT THE ABOVE INFORMATION IS TRUE. I
PROMISE TO COMPLY WITH THE RULES AND REGULATIONS OF THE INSTITUTION.

SIGN

DATE

PARENTAL CONSENT:

I, _____ HEREBY GIVE MY CONSENT THAT MY CHILD/WARD SHOULD
FULLY PARTICIPATE IN THIS PROGRAMME.

SIGN

DATE