SHILOH SELF EMPOWERMENT INSTITUTE

REGISTRATION FORM
Term: Spring 2013

Name (Last):	(First):	Mr./Mrs./Ms.
Phone:	Email Address:	
Current address:		Apt. No:
City:	State:	ZIP Code:
Name of Church:		

EMERGENCY CONTACT

Name of a relative not residing with you:		
Address:		Phone:
City:	State:	ZIP Code:
Relationship:		

COURSE OF STUDY

Name of Class:				
Day Class Meets:	☐ Tuesday	☐ Thursday	☐ Friday	☐ Saturday

FEES PAID

Registration Fee $5.00 Paid: Yes No	Tuition Fee $10.00 Paid: Yes No

METHOD OF PAYMENT

☐ Check #_____	☐ Cash	☐ Online via website

SIGNATURES

Signature of applicant:	Date:

OFFICE USE ONLY

Reviewer's Signature:		Date:
Student Number:		
Elementary ☐	High School ☐	Adult ☐