AMERICA COME BACK TO GOD BIBLE INSTITUTE

560 ROCKAWAY AVE., BROOKLYN, NY 11212 - 718-342-4238

NEW STUDENT REGISTRATION FORM

SEMESTER: Fall ( ) Spring ( ) TODAY'S DATE: _____

CLASSES: Day ( ) Night ( )

PERSONAL INFORMATION - (Please Print)

Last Name _____ First Name _____ Middle Initial _____

Address: _____ Apt. #_____ City _____ State_____ Zip _____

Telephone #: _____(Home) Telephone #: _____ (Cell)

E-mail Address: _____

ACADEMIC INFORMATION

DEGREE: Th.B ( ) B.R.E. ( ) Th.M ( ) M.R.E. ( ) D.R.E. ( ) ST.D. ( ) D.D. ( )

Auditor: (Sit In) ( ) Diploma ( ) Certificate ( ) Senior Citizen ( ) In-House ( ) Zoom ( )

I WILL NOT GIVE OUT THE ZOOM PHONE # AND PASSCODE TO OTHERS.

Signature: _____

FORMER EDUCATION

High School Attended: _____ # of Years _____

College Attended: _____ # of Years _____

Did you receive a degree? _____ Date: _____ Type of Degree_____

Biblical Education? _____ If so, what school? _____

Dates: _____ Did you receive a Degree _____ Type: _____

REGISTRATION FEE is **$25.00; $20.00 for Senior Citizens - (Non-Refundable)**

***REGISTRATION FEE** for 12 Week Courses **- $20.00** - 12 Week COURSE FEE is **$100.00**

COURSE #	COURSE NAME	# OF CREDITS	COURSE FEE

Total Credits_____ Total Tuition $_____ Payment $_____

Balance Due $_____ Payment made by: Cash ( ) Check ( ) Money Order ( ) Zelle/Online ( )

DO NOT SEND CASH THROUGH THE MAIL

In case of Emergency contact: Name _____ Relationship _____

Emergency Contact # _____

Student Signature: _____ Registrar _____

ACBTG Form#071526