

Do you smoke? _____
(In order to smoke at L.C.B.I., a letter of permission from your parent or guardian must be attached).

Have you ever been charged with an offense? _____

If yes, please specify the nature and year of the incident as well as the outcome.

Are you presently taking any prescription medication? _____

If yes, please specify. _____

Have there been any significant crisis or life experiences you have had that have affected who you are today or that you would like us to know about?

Have you been seeing a counsellor in your previous school or through another agency? _____

Do you wish to continue counselling while at L.C.B.I.? _____

- Please attach a separate sheet with any questions or concerns you may have about L.C.B.I.

Applicant's Signature: _____

Date: _____



Lutheran Collegiate Bible Institute
Box 459 Outlook, SK S0L 2N0
Phone: 306-867-8971 Fax: 306-867-9947
Email: public_relations@lcbi.sk.ca
Web site: www.lcbi.sk.ca

Personal Form

Applicants are asked to please complete the following form and return it along with their application.

Name of applicant _____

Check groups and activities you have been active in:

- Sunday School
- Church Youth Groups
- Choirs
- Bible Camps
- Short term mission trips
- Others (please specify) _____

Please indicate special interests and hobbies.

Sports: _____

Music (vocal and/or instrumental): _____

Hobbies: _____
