

NOTE

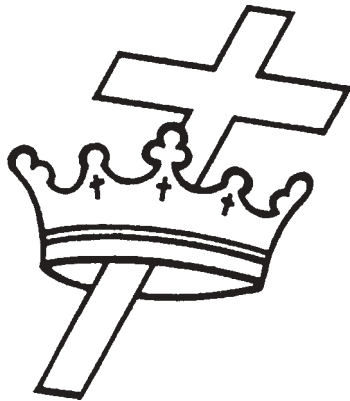
Applicants for admission to L.C.B.I. are instructed to request a reference from:

- 1) a minister, or family friend
- 2) school principal, counselor, or teacher

Applicants must fill out and return along with this application:

- 1) Personal Form
- 2) Medical Form
- 3) Report cards from previous two years
- 4) An official transcript of the most recent final marks
- 5) Registration fee
- 6) Financial Contract

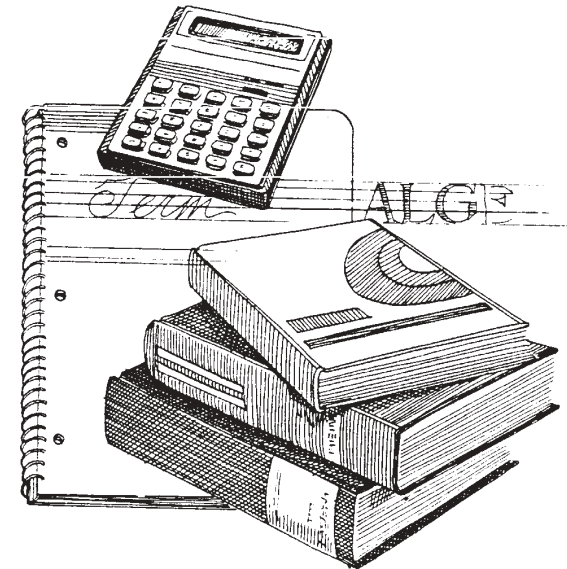
Final acceptance will not be granted until we have received all of the above forms.



Phone Admissions: 1-888-554-5224
Email: admissions@lcbi.sk.ca
Web Site: www.lcbi.sk.ca



APPLICATION FOR ADMISSION



Completed forms are to be mailed to:
Admissions
Lutheran Collegiate Bible Institute
Box 459
Outlook, Sask.
S0L 2N0

STUDENT INFORMATION

Name _____
Last First Middle

Address _____

City _____ Prov. _____

Postal Code _____ Phone () _____

Birthdate _____ Male _____ Female _____
M D Y

Applying for Grade _____ for year _____

Social Insurance # _____

Health Card # _____

CHURCH INFORMATION

Religious Affiliation _____

Congregation/Church _____

Address _____

Pastor _____ Baptized? _____

EDUCATION INFORMATION

Grade currently enrolled in: _____ Semestered? _____

School Presently Attending _____

Address _____

Principal _____

(Please include report cards from previous two years)



I am familiar with the "Guidelines for Academic & Campus Life", and if my application is accepted, I agree to abide by these guidelines.

Signature of Applicant

Date

FAMILY INFORMATION

Father's/Guardian Name _____

Address (if other than above) _____

Telephone Res. () _____ Bus. _____

Email: _____

Mother's/Guardian Name _____

Address (if other than above) _____

Telephone Res. () _____ Bus. _____

Email: _____

Fees are due at the beginning of each semester. As parent(s)/guardian(s) of the applicant, I/ We agree to take full responsibility for payment of fees and agree to pay according to the financial contract.

Signature of Parent(s)/Guardian(s) taking responsibility for payment of fees _____ Date _____

