

ADVANCED COLLEGE OF SPIRITUAL WARFARE INTERNATIONAL

141 Buford Drive, Lawrenceville, GA 30046 | #: 1-877-400-0068 | cbni1953@gmail.com | www.cbnius.org

REGISTRATION

STUDENT INFORMATION

NAME:

First Name

M. I.

Last Name

DATE OF BIRTH:

Month

Day

Year

GENDER (Check Box)

Male

Female

ETHNICITY: (Check Box)

African American

African

Hispanic/Latino

Caucasian

Asian

Middle Eastern

Prefer Not To Answer

Other

CURRENT RESIDENCE INFORMATION

ADDRESS:

Street Address Line 1

Street Address Line 2

City

State

Zip Code

HOME PHONE NUMBER:

Area Code

Phone Number

CELL PHONE NUMBER:

Area Code

Phone Number

EMAIL:

PRIMARY RESIDENCE INFORMATION

(If different from above)

ADDRESS:

Street Address Line 1

Street Address Line 2

City

State

Zip Code

HOME PHONE NUMBER:

Area Code

Phone Number

CELL PHONE NUMBER:

Area Code

Phone Number

EMAIL:

BACKGROUND INFORMATION

SCHOOL

(List of school[s] attended and the qualifications received upon graduation)

PREVIOUS SCHOOL 1:

School Name

City & State

Country

DATE STARTED:

Month

Day

Year

DATE ENDED:

Month

Day

Year

QUALIFICATION OBTAINED:

PREVIOUS SCHOOL 2:

School Name

City & State

Country

DATE STARTED:

Month

Day

Year

DATE ENDED:

Month

Day

Year

QUALIFICATION OBTAINED:

PREVIOUS SCHOOL 3:

School Name

City & State

Country

DATE STARTED:

Month

Day

Year

DATE ENDED:

Month

Day

Year

QUALIFICATION OBTAINED:

CHURCH

(Information on current Church of attendance)

CHURCH INFORMATION:

Church/Ministry Name

Address, City & State

Country

DATE STARTED:

Month

Day

Year

POSITION/OFFICE:

What position do you hold/office do you serve in?

SCHOOL INFORMATION

REASON FOR JOINING ADVANCED COLLEGE OF SPIRITUAL WARFARE INT'L:

WHAT IS YOUR PREFERRED LEVEL OF STUDY? (Check One Box Only)

- Certificate Program
- Diploma Program
- Associate Degree Program
- Bachelor Degree Program




INDICATE YOUR PREFERRED DAY OF THE WEEK AND TIME SLOT:

(Check Day and Time Slot – Eastern Standard Time)

- | | | | |
|-------------------------------------|----------------------------------|---------------------------------|---------------------------------|
| <input type="checkbox"/> Monday: | <input type="checkbox"/> 10:00am | <input type="checkbox"/> 3:00pm | <input type="checkbox"/> 6:00pm |
| <input type="checkbox"/> Tuesday: | <input type="checkbox"/> 10:00am | <input type="checkbox"/> 3:00pm | <input type="checkbox"/> 6:00pm |
| <input type="checkbox"/> Wednesday: | <input type="checkbox"/> 10:00am | <input type="checkbox"/> 3:00pm | <input type="checkbox"/> 6:00pm |
| <input type="checkbox"/> Thursday: | <input type="checkbox"/> 10:00am | <input type="checkbox"/> 3:00pm | <input type="checkbox"/> 6:00pm |
| <input type="checkbox"/> Friday: | <input type="checkbox"/> 10:00am | <input type="checkbox"/> 3:00pm | <input type="checkbox"/> 6:00pm |

CHOOSE YOUR METHOD OF PAYMENT:

(Fees are paid weekly per class)

-  PAYPAL (Christian Business Network Int'l – revdjames@yahoo.com)
-  Cash App (4045523777)
-  ZELLE (4045523777)
- OTHER _____

EMERGENCY CONTACT INFORMATION

EMERGENCY CONTACT 1:

First Name

Last Name

PHONE NUMBER:

Area Code

Phone Number

EMERGENCY CONTACT 2:

First Name

Last Name

PHONE NUMBER:

Area Code

Phone Number

OTHER INFORMATION:

Notes For Office Use Only:

