

SOUTHERN AFRICA BIBLE COLLEGE NPC

A College of Advanced Biblical Studies

Registration Number 2002/010094/08



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Registered with the Department of Higher Education and Training as a private higher education institution under the Higher Education Act, 1997. Registration number 2000/HE08/006

APPLICATION FOR ADMISSION & INITIAL REGISTRATION FORM

(NOTE: All students are required to re-register annually on the registration form)

NOTE: Failure to provide full and true information may result in disqualification/dismissal

This form must be completed in order to register for initial enrolment as a student at the college. For initial registration as a first-year student, submit this form by September 15. Recommendations from your preacher and eldership or business meeting are required for initial registration. Your application cannot be processed without them. **Hand the Recommendation Forms to your eldership or business meeting and to your preacher for completion and ask them to mail these to us directly.** If seeking financial assistance, you must also complete a Financial Assistance Form and send it to us with your Application Form. **PLEASE NOTE:** applications will only be processed if accompanied by the non-refundable administration fee.

I. PERSONAL INFORMATION

Surname:	Home language:
First name(s):	
Residential address:	
	Code:
Postal address:	Code:
Telephone: (work)	(home) Fax:
Date of birth:	Place of birth:
ID/Passport number:	Nationality:
Next of kin (other than spouse):	Cell No:
Date of baptism:	Name of baptiser:
Marital Status: Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Remarried <input type="checkbox"/> Widowed <input type="checkbox"/> Tribal Custom <input type="checkbox"/>	
<i>If divorced, remarried, or married according to tribal custom, give details of circumstances on page 4.</i>	

II. FOR MARRIED COUPLES

(NOTE: This information is required even if your family should not accompany you to the College).

Spouse=s name:	Date of Birth:
ID/Passport No:	Nationality:
Children=s/ Dependents= names:	Date of birth: Sex: Relationship to applicant (ie. son/adopted/previous marriage)
	M/F

(APPL07a)

III. HEALTH INFORMATION *(failure to provide full and true information may result in disqualification/dismissal)*A. Are you in good health? Yes No If **NO**, give details on page 4.B. Are you presently receiving medical attention? Yes No If **YES** give details on page 4.C. Do you have any permanent physical impairment or handicap? Yes No If **YES** give details on page 4.D. Do you have any allergies? If **YES** give details on page 4. Yes No

E. Have you, your spouse or children ever had malaria?

If **YES** give details on page 4. Yes No F. Is your spouse in good health? Yes No If **NO** give details on page 4.G. Is your spouse presently receiving medical attention? Yes No If **YES** give details on page 4.H. Does your spouse have any permanent physical impairment or handicap? Yes No If **YES** give details on page 4.I. Are your children/dependents as listed on page 1, in good health? Yes No If **NO** give details on page 4.J. Are you or any member of your family presently on medication? Yes No If **YES** give details on page 4.K. **PLEASE NOTE:** Do you understand that the College does not have a medical aid plan and that you will have to provide your own medical aid or use the government hospitals? Yes No L. If you or your wife or any of your children or such dependents as might accompany you have ever been treated or are presently being treated or are expecting to need treatment for any of the following illnesses, you **must** provide details on page 4 B Meningitis; Hepatitis; HIV/AIDS or any other sexually transmitted disease; Glandular Fever; Malaria; Epilepsy; Tuberculosis; Psychiatric disorders (eg. Schizophrenia, Mania, Depression etc); Epilepsy; Operation/s

M. Doctor=s name and phone number:

N. NOTE: A medical examination with relevant blood tests may be required at your expense.**IV. FINANCIAL INFORMATION**

A. Your present monthly income R

B. Total of your present debts R

C. Total of your expected debts at the beginning of your schooling R

D. Monthly payments you will make on your debts while at SABC R

E. If you are surety on a loan for anyone, state the amount R

F. Minimum amount you could live on per month R

G. Amount you/your family can provide monthly R

H. Amount of any congregational support you are to receive monthly R

I. Would you require a bursary or scholarship to attend SABC? Yes No J. Would require housing while studying at SABC? Yes No K. Do you agree not to incur any new debts or liabilities unless specifically approved by the faculty while attending SABC? Yes No

V. APPLICANT=S EMPLOYMENT RECORD

(NOTE: Give details of your employment during the last ten years, if applicable)

Name, address, tel. number of employer	Job description	FromCTo

VI. EDUCATION AND TRAINING

(NOTE: Certified copies of reports and certificates must be attached to the application. Your application will NOT BE PROCESSED without these!)

A. Academic Qualifications:

Grade 10 Grade 12 Matric School-leaving certificate Other

If AOther@ give details (ie: BA, Technikon Diploma, Trade School, Grade ... etc):

Subjects passed:

B. Have you completed an apprenticeship? Yes No If Yes, give details:

C. When last did you attend a school/institution which called for study and examinations?.....

VII. MORAL AND RELIGIOUS CODE

A. *PLEASE NOTE:*SA Bible College does not permit students to smoke or chew tobacco, drink any kind of alcoholic beverage, take drugs unless prescribed by a doctor for medical reasons, or take part in occultic practices. Students are expected to dress modestly at all times.

B. Do you and/or your spouse smoke? Yes No

C. Do you and/or your spouse drink alcoholic beverages? Yes No

D. Do you and/or your spouse take drugs other than for medical reasons? Yes No

E. Are you involved in ancestor worship? Yes No

F. Have you or your spouse ever had church fellowship withdrawn from you? Yes No

If yes, give details on page 4.

I agree to abide by all the rules and to uphold the principles of Southern Africa Bible College. Furthermore, should I leave Southern Africa Bible College before completing my term of training, I promise to refund Southern Africa Bible College the full amount of financial aid or bursaries which may have been given me.

I declare that the information given in this application is true, to the best of my knowledge and belief.

Signed at this day of (year)

.....
Signature of applicant

.....
Witness

.....
Signature of spouse (where applicable)

.....
Witness

