

# SOUTHERN AFRICA BIBLE COLLEGE NPC

A College of Advanced Biblical Studies

Registration Number 2002/101094/08



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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 must re-register annually)

**NOTE: If you do not provide full and true information you may be disqualified or dismissed**

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: Home:	Work:
Cell Number:	Fax:
Email address:	
Date of birth:	Place of birth:
ID/Passport number:	Nationality:
Next of kin (other than spouse):	Cell No:
Economic Status (circle): employed – unemployed & looking – unemployed not looking – school leaver	
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"/> <b>If divorced, remarried, or married according to tribal custom, give details of circumstances on page 4.</b>	

II. LIST ALL DEPENDENTS REGARDLESS OF YOUR MARITAL STATUS			
(NOTE: This information is required even if your dependents 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: M/F	Relationship to applicant (ie. son/adopted/previous marriage)

(APPL17a)

**III. HEALTH INFORMATION *If you do not provide full and true information you may be disqualified or dismissed***

- 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 – 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/urine 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. Your expected personal needs while at the College	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 <input type="checkbox"/> No <input type="checkbox"/>	
J. Would require housing while studying at SABC? Yes <input type="checkbox"/> No <input type="checkbox"/>	
K. Do you agree not to incur any new debts or liabilities unless specifically approved by the faculty while attending SABC? Yes <input type="checkbox"/> No <input type="checkbox"/>	

**PLEASE NOTE: A MARRIED STUDENT'S BURSARY WILL BE REDUCED DEPENDING ON THE STUDENT'S WIFE'S INCOME, WHEN APPLICABLE.**

**V. APPLICANT'S EMPLOYMENT RECORD**  
 (NOTE: Give details of your employment during the last ten years, if applicable)  
*The college reserves the right to contact the employer to obtain a reference*

Name, address, tel. number of employer	Job description	From—To

**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 "Other" 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. CHURCH INFORMATION**

What church / congregation do you belong to?

How long have you been a member of that church / congregation?

List the various duties you have performed and the length of time you have done so:

(Please answer the following questions: Yes Or No) Does the congregation you belong to:

Use musical instruments during worship?

Allow women to preach or teach Bible when men are present?

Have deacons but no elders?

Speak "in tongues"?

Practise raising and waving hands?

Practise swaying while singing?

Use alcoholic wine for the Lord's Supper?

Assist non-Christians with benevolence?

Allow ancestor worship?

Teach that Jesus will reign on earth?

Teach that children must be christened?

(APPL17c)

