



## Zion Apostolic International Bible College, Inc.

### Student Registration Form

**Personal Information:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Title (e.g.,  
Mr./Mrs./Dr./Pastor): \_\_\_\_\_  
Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer's Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**Academic Information:**

Academic Status (Tick One): ☐ Primary ☐ Secondary ☐ Technical ☐ Tertiary

Have you been previously enrolled at Z.A.I.B.C.? ☐ Yes ☐ No

If yes, when? \_\_\_\_\_

**Church Information:**

Are you a member of a church? ☐ Yes ☐ No

If yes, which church do you attend? \_\_\_\_\_ Phone: \_\_\_\_\_

Pastor's Name: \_\_\_\_\_

**Spiritual Experience:**

What year were you born again? \_\_\_\_\_

Have you been water baptized? ☐ Yes ☐ No

Have you received the baptism of the Holy Spirit with evidence of speaking in tongues? ☐ Yes ☐ No

What ministry groups are you faithfully involved in?  
\_\_\_\_\_

**Declaration:**

I hereby confirm that the above information is accurate and complete. I understand that all information provided will be kept confidential and used only for official purposes.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_