



Christian Life Educators Network

STUDENT REGISTRATION FORM

1. Personal Information		<i>Please type or print.</i>		
Full Name:		Last	First	Middle Maiden Name
Social Security Number:		Mailing Address (Street):		
City, State, Zip, Country				
Home Phone ()		Cell Phone: ()		Date of Birth:
Employment:				E-Mail:
2. School Information				
School ID:		School Name:		
Mailing Address (Street):		City, State, and Zip	Pastor/Chancellor's Name	
3. Method of Payment		(Submit payment to the school)		
Check Number:		Credit Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express		
Credit Card Number		CCV*	Credit Card Expiration Date:	
Name on Credit Card:			Cardholder's billing address	

Name (type or print)

Signature

Date

For CLEN member school: Please submit this form to the CLEN Office, 6171 Gateway Rd., Columbus, Georgia 31909 with the appropriate Registration Fee.

For CLEN Office Use Only

Member school:	Amount Paid:	Check #:	Date:	Referred by:
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