

# Student Application

# School of Kingdom Mysteries



## Contact Information

Name	
Street Address	
City/State	
ZIP Code/Country	
Cell Phone	
E-Mail Address	

## Basic Information

Marital Status		Number of Children	
Gender		Date of Birth	
Employment		How did you hear about SoKM?	

## Why do you want to attend The School of Kingdom Mysteries?

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## What are your goals after completing this program?

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## Emergency Contact

Name/Relationship to you	
Cell Phone	
E-Mail Address	

## Agreement and Signature

By submitting this application, I acknowledge that I am responsible for all transportation, housing and amenities while attending this program. I understand that if I am accepted as a student, any false statements, omissions, or other misrepresentations made by me on this application may result in my dismissal.

Signature/Date	
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