



ILLINOIS SCHOOL OF MINISTRY

ENROLLMENT FORM

You must register for Illinois School of Ministry before you can register for classes. This is a one-time requirement and one-time fee. Once your enrollment has been processed, you can register for classes. See attached order forms for instructions.

1. Complete the enrollment form below
2. Mail it to: **ISOM Enrollment** or fax it to: **217-854-4615**
17280 Lakeside Drive
Carlinville, IL 62626

Once email or mailed registration is received and processed, you will receive a confirmation and access to register for classes being offered.

ISOM Enrollment/Academic Records Release Form

First Name: _____ **Middle Initial:** _____
Last Name: _____ **Gender:** ___ Male ___ Female

Address 1: _____
Address 2: _____
City: _____ **State:** IL **Zip:** _____

Home Phone: _____ **Cell Phone:** _____
Daytime Phone if different from above: _____

Email Address: _____
 ***ISOM uses email as its primary form of communication with students

Social Security Number: _____ - _____ - _____ **Birth Date:** ____/____/_____
 (Your social security number will be used for informational purposes only and will not appear on any documents. Your transcript records are kept confidential. You will receive a Student ID number different than your Social Security Number for your protection. However, your SS# is used as verification when checking on grades.)

- Select one:**
- _____ **I am studying for a Certificate in Biblical Training (Pick4 goal students only)**
- _____ **I am taking courses for personal biblical studies only**
- _____ **I am studying for Ministerial Studies Diploma with a ministry certification goal of:**
- Certified Ministers Level Licensed Minister Level Ordination Level

Have you previously enrolled in Berean School of the Bible? ___ Yes ___ No
 If yes, my student identification is _____

(Turn sheet over to complete your enrollment)



ILLINOIS SCHOOL OF MINISTRY ENROLLMENT FORM (CONT'D)

How did you hear about Illinois School of Ministry? _____

New Student Enrollment Fee (place "X" next to fee that applies):

\$25 for those previously enrolled in the Berean School of the Bible

\$35 for those new to Berean School of the Bible

Choose Payment Method:

Check Enclosed

MasterCard

Money Order Enclosed

Discover

Visa

American Express

Credit Card Number: _____

Expiration Date: _____

Credit Card Validation #: _____ (3 digit code on back of card)

Berean Enrollment Refund/Cancellation Policy:

Enrollment/registration fees may be canceled by an applicant within five (5) days exclusive of Saturday, Sunday, and holidays. From five (5) calendar days after midnight of the day on which the enrollment agreement is signed and until the time the school receives the final exam or the enrollment period expires, the school will retain a 20% percent registration fee. Returned course materials will not be accepted beyond nine (9) months from the enrollment date.

Academic Release Authorization

I authorize **Illinois School of Ministry**, a district school of ministry led by the **Illinois District Council of the Assemblies of God located in Carlinville, IL**, to request information from my official student record which is kept with Berean School of the Bible in Springfield, Missouri, until I contact the school and withdraw this authorization in writing.

I understand that Berean School of the Bible offers non-degree courses and that they are calculated in Continuing Education Units, not college credits.

My signature below indicates that all the above information is true to the best of my knowledge and that I have read and agree to the Berean School of the Bible refund/cancellation policy.

(Student Signature)

(Date)