



THE BODY OF CHRIST
ACADEMY
Walking In Faith With Christ.

APPLICATION FORM

Personal Information:

Name: _____ Surname: _____

ID Number: _____

Email Address: _____

Telephone Nr.: _____ WhatsApp Nr.: _____

Postal Address: _____

Physical Address: _____

Marital Status: _____

Next of Kin:

Name: _____ Surname: _____

Telephone Nr.: _____ WhatsApp Nr.: _____

Current/Former Church Attendance:

(If you did not attend a church, please give us a brief reason why you left the church or prefer not to go to a local church.)

STUDENT SIGNATURE: _____ DATE: _____

 072 478 0126

 TheBodyofChristLvC@
gmail.com

 14 Wren street SW5
Vanderbijlpark