

# Calvary Chapel Bible College

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## Application for Readmittance

*(For applicants who have completed a New Student Application Form for CCBC, Murrieta and have been absent from study from CCBC Murrieta or its Extension Campuses for more than 1 semester)*

This information, as with all of the application, will be held in strict confidence. This will not necessarily disqualify you from being accepted, however, any misleading or withheld information may lead to automatic disqualification. Please send your completed packet to Admissions at the above address.

Complete all parts of this application in clear penmanship with blue or black ink.  
Collect all the following documents to be included in your completed readmittance package.

- |   |   |
|---|---|
| <input type="checkbox"/> Signed & Dated Application Form                              | <input type="checkbox"/> Proof of valid Medical Insurance |
| <input type="checkbox"/> Signed & Sealed Reference if absent for more than 1 semester | <input type="checkbox"/> Liability Waiver Form            |
| <input type="checkbox"/> CCBC Extension Campus Transcripts (if applicable)            |   |

### GENERAL INFORMATION

Full Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Social Security #:          Date of Birth: (MM/DD/YY) \_\_\_\_\_

Age: \_\_\_\_\_  Male  Female Trade or Occupation: \_\_\_\_\_

Marital Status: Single  Married  Divorced  Engaged  Re-married

If married, name of spouse: \_\_\_\_\_ How long have you been married? \_\_\_\_\_

Children? (Name(s) & Age(s): \_\_\_\_\_

Current Address (Street & Box No): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Permanent Address (if different from current address): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Country of Birth: \_\_\_\_\_ Citizenship: \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

**Contact #1** (Please indicate relationship)

 Father

 Mother

 Guardian

 Spouse

Full Name: Last: \_\_\_\_\_

First: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

Work Phone #: \_\_\_\_\_

**Contact #2** (Please indicate relationship)

 Father

 Mother

 Guardian

 Spouse

Full Name: Last: \_\_\_\_\_

First: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

Work Phone #: \_\_\_\_\_

**If your parents are divorced or separated, with whom do you live?**

 Father

 Mother

 Guardian

## ENROLLMENT INFORMATION

**For which semester do you plan to attend? (Please check one)**

 Fall Semester Year: \_\_\_\_\_

 Spring Semester Year: \_\_\_\_\_

**Which semesters did you previously attend?**

 Fall  Spring Year: \_\_\_\_\_

Location: \_\_\_\_\_

 Fall  Spring Year: \_\_\_\_\_

Location: \_\_\_\_\_

 Fall  Spring Year: \_\_\_\_\_

Location: \_\_\_\_\_

 Fall  Spring Year: \_\_\_\_\_

Location: \_\_\_\_\_

 Fall  Spring Year: \_\_\_\_\_

Location: \_\_\_\_\_

**What semester will you be entering?**

 2nd

 3rd

 4th

 Other

If other, please explain including dates: \_\_\_\_\_

**For which of the following are you applying? (Please check one)**

 On-Campus Full Time (minimum 17 credits)

 Off-Campus Part Time

 Off-Campus Full Time (minimum 15 credits)

**For which program of study are you applying? (Please check one)**

 Degree - Associate of Theology

 Non-Degree - Certificate of Completion (credit/no credit)

 Degree - Bachelor of Biblical Studies  
 (Please submit evidence of Associate of Arts Degree  
 in General Education)

 Non-Degree -Audit

## LIFE PROFILE UPDATE

**Are you a smoker or do you use tobacco products?**

Yes  No

**Do you drink alcoholic beverages?**

No  Recovering  Occasionally  Often

**Have you ever or are you currently using any illegal drugs?**

Yes  No

If yes, please explain including dates: \_\_\_\_\_

\_\_\_\_\_

**Have you ever participated in a rehab program such as U-Turn or Teen Challenge?**

Yes  No

If yes, please explain including dates: \_\_\_\_\_

\_\_\_\_\_

**Have you ever been involved in legal problems?**

Yes  No

If yes, please explain including dates: \_\_\_\_\_

\_\_\_\_\_

**Have you ever been convicted of a felony?**

Yes  No

If yes, please explain including dates: \_\_\_\_\_

\_\_\_\_\_

**Have you a personal history of violence or abuse towards others , or sexual immorality?**

Yes  No

If yes, please explain including dates: \_\_\_\_\_

\_\_\_\_\_

**Is there any habitual sin in your life?**

Yes  No

If yes, please explain including dates: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## REFERENCE

One reference is required for inclusion in your application package using the provided Reference Form if you have been absent from studying at Calvary Chapel Bible College for one semester or more. Please include the signed and sealed reference in your application if applicable.

## MEDICAL INFORMATION UPDATE (FOR EMERGENCY USE ONLY)

Calvary Chapel Bible College requires that every student, who will be classified as a full time on campus student, have a Health Insurance Policy through any term Health Insurance Provider. A health insurance policy can be obtained through The American College Student Association, [www.acsa.com](http://www.acsa.com)

Company Name: \_\_\_\_\_ Name of Insured: \_\_\_\_\_

Policy #: \_\_\_\_\_ Contact Phone #: \_\_\_\_\_

Start Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

### Current Health Information

**Are you in good health?**

Yes  No

When was your last complete physical examination: \_\_\_\_\_

List any major illnesses you have had: \_\_\_\_\_

**Do you have any physical handicaps?**

Yes  No

If yes, please explain: \_\_\_\_\_

**Do you have any communicable diseases?**

Yes  No

If yes, please explain: \_\_\_\_\_

**Are you currently taking any prescription drugs?**

Yes  No

If yes, please list what you are taking: \_\_\_\_\_

Please place a check beside any known medical conditions and explain on lines provided below.

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> Allergy - Bee Sting       | <input type="checkbox"/> Blood Disorder  | <input type="checkbox"/> Eating Disorder        | <input type="checkbox"/> Partially sighted        |
| <input type="checkbox"/> Allergy - Food            | <input type="checkbox"/> Cancer/Leukemia | <input type="checkbox"/> Epilepsy/Seizures      | <input type="checkbox"/> Speech problems          |
| <input type="checkbox"/> Allergy - Medications     | <input type="checkbox"/> Cerebral Palsy  | <input type="checkbox"/> Glasses/Contact Lenses | <input type="checkbox"/> Heart Problems           |
| <input type="checkbox"/> Asthma                    | <input type="checkbox"/> Color Blindness | <input type="checkbox"/> Hearing Aid used       | <input type="checkbox"/> Other                    |
| <input type="checkbox"/> Asthma - On Medication(s) | <input type="checkbox"/> Diabetic        | <input type="checkbox"/> Hearing Loss           | <input type="checkbox"/> No Known Health Problems |

Details & Explanations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Are you currently on medication or under a physician's care for physical issues?**

Yes  No

If yes, please give details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## MEDICAL INFORMATION CONTINUED

**Please provide Physician's name and contact information as well as medication (s) below:**

Physician's Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Medication (s): \_\_\_\_\_  
\_\_\_\_\_

**Have you been hospitalized or admitted to a treatment facility for any reason?**

Yes

No

If yes, please explain including dates: \_\_\_\_\_  
\_\_\_\_\_

**Have you been, or are presently dealing with an eating disorder?**

Yes

No

If yes, please explain including dates: \_\_\_\_\_  
\_\_\_\_\_

**Have you been, or are presently under psychiatric or psychological care?**

Yes

No

If yes, please explain including dates: \_\_\_\_\_  
\_\_\_\_\_

**Are you under a doctor's care for either mental or emotional issues?**

Yes

No

Physician

Psychiatrist/Psychologist

Counselor

Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Medication (s): \_\_\_\_\_ Medication (s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## TERMS AND CONDITIONS OF ENROLLMENT

Read the following terms and conditions of enrollment, initial each section and sign and date the bottom of the page.

### **M199 Practical Christian Ministry**

I hereby understand that all students must enroll in four semester of Practical Christian Ministry (M199). Each student serves weekly in a practical area of service. Main Campus students serve an average of 8 hours per week if they live on campus. For individual physical concerns contact the Financial office.

Initials: \_\_\_\_\_

### **Financial Responsibility**

I understand that my tuition is due and payable prior to enrollment. For individual concerns contact the Financial Office.

Initials: \_\_\_\_\_

### **Liability Waiver and Damages Responsibility**

During my attendance at the college, I acknowledge, agree and understand to the waiver of liability as against the college and the facility upon which it operates as set forth in the liability waiver required for enrollment. I will assume all risks, I further agree to hold harmless Calvary Chapel Costa Mesa Inc.; and have been informed that I am responsible of all costs of injuries and damages. To review a full copy of the liability waiver see web site or catalog.

Initials: \_\_\_\_\_

### **Policies and Procedures**

I have received, read, understand and agree to be subject to the policies and procedures of the Student Catalog and Application. To receive a copy of the Student Catalog, see our web site [www.calvarychapelbiblecollege.com](http://www.calvarychapelbiblecollege.com) or call the Bible College Office on 951.696.5944 between 9:00 am and 5:00 pm to obtain a copy.

Initials: \_\_\_\_\_

Signature:

Date:

*Calvary Chapel Bible College does not discriminate on the basis of race, gender, ethnic background, native language, nationality or physical disability. Calvary Chapel Bible College is a ministry of Calvary Chapel of Costa Mesa, and gives admission priority to members of Calvary Chapel.*