



APPLICATION FOR ENROLMENT

Testimonial Form

This form is to be completed by the Pastor, Minister, or Elder of the church attended by the applicants. If a student is seeking enrolment in the College on the basis of his or her own Christian faith and church attendance, then the Pastor or Elder should refer to the student on this form. Please return this completed form as soon as possible to: Business Office – Rehoboth Christian College, PO Box 82, CANNINGTON WA 6987 – marked confidential.

Applicant 1 – Father/Guardian 1 (please insert full name)

Applicant 1 – Mother/Guardian 2 (please insert full name)

The applicant above is personally known to me (✓)

Yes No

The applicant above is personally known to me (✓)

Yes No

The applicant attends and participates in worship

Regularly (weekly) From time to time
 Not at all Other (please explain below)

The applicant attends and participates in worship

Regularly (weekly) From time to time
 Not at all Other (please explain below)

Is the applicant is a member at your church? (✓)

Yes No

Is the applicant a member of your church? (✓)

Yes No

How long has the applicant attended this church?

How long has the applicant attended this church?

Comments

Name of church

Denominational affiliation

Church postal address

Church or Pastor/Elder's phone

DATE PRINT NAME OF PASTOR/ELDER SIGNATURE OF PASTOR/ELDER