

Highpoint Bible College
Course Registration Form
Semester _____

Printed Name: _____

Street Address: _____

City/State/Zip: _____

Home Phone: _____ Alternate _____

Sex: ___ Male ___ Female Last 4 Digits of SS#: _____

Enrollment Information

Program: _____

Course Name: _____ Course No. _____

Course Name: _____ Course No. _____

Course Name: _____ Course No. _____

Signature: _____ Date: _____

Note: A \$20 registration fee should accompany this form. All students, including returning students, must complete a registration form each time they take a course.