

Application Form

Gospel Light Baptist Schools

600 Garland Avenue

Hot Springs, AR, 71913

501-624-3640 (High School)

501-321-4871 (Elementary)

To be filled in by school

Birth Certificate
 Report Card
 Interview
 Acceptance

Social Security Number
 School Recommendation
 Health Record
 Pastoral Reference

Grade _____ Date _____

Student's full name _____
Last First Middle

Age _____ Applying for grade _____ Boy _____ Girl _____

Date of Birth - Month ____ Day ____ Year ____ Birthplace _____

Social Security Number ____ - ____ - _____

Present Address _____
Street City State Zip

Home Phone _____ Cell / Beeper _____

****E-mail address:** _____

Emergency Phone (other than home) _____

School last attended _____
School name Address

School phone number _____

**Please attach last report card to application.

Reason for changing school:

Name of Father or Guardian _____

Employment of Father or Guardian: Company _____

Work Phone _____ Position _____

Name of Mother or Guardian _____

Employment of Mother or Guardian: Company _____

Work Phone _____ Position _____

Other children under 18 years of age living with the family:

Name	Birthday	School Attending

What church does your family attend? _____

Address of church _____

Name of Pastor _____

Is student born again? _____ Yes _____ NO

Please have the student write a brief testimony of their salvation experience.
