### Box 1

- New Student / Returning Student
- Date: __/__/__

Name: ____________________________________________

Last Name                      First Name          Middle Name
Date of Birth: __/__/_________    Gender: M ___ F ___

Home Address: ______________________________________________________

# & St.                  Apt. #         City          State          Zip Code
County ____________________________________________ Soc. Sec. #: ___________________________
(Kings; Nassau; etc)
Tel. #s: Cell: __/__/_________ - ___________     Home: __/__/_________ - ___________
Work: __/__/_________ - ___________

Email: ___________________________  (required)

Student’s Signature: ___________________________

### Box 2

- Ethnicity
  - African American
  - Am. Indian
  - Asian
  - Hispanic-Latino
  - White
  - Two or more races
  - U.S. Citizen
  - U.S. Resident
  - Alien Citizen
  - Single
  - Married ___ Widowed
  - Divorced
  - Name of Spouse ___________________________

- Citizenship Status
  - U.S. Citizen
  - U.S. Resident
  - Alien Citizen

- Marital Status: ___________________________

- Name: ___________________________________________

- Last Name: ___________________________

- Middle Name: ___________________________

- Date of Birth: __/__/_________ 

- Gender: M ___ F ___

- Home Address: ______________________________________________________

- # & St.                  Apt. #         City          State          Zip Code

- County ____________________________________________ Soc. Sec. #: ___________________________
(Kings; Nassau; etc)

- Tel. #s: Cell: __/__/_________ - ___________     Home: __/__/_________ - ___________
  - Work: __/__/_________ - ___________

- Email: ___________________________  (required)

- Student’s Signature: ___________________________

### Box 3

- New students must provide Proof of Immunization for Measles, Mumps & Rubella if born ON or AFTER Jan. 1, 1957.

- Place passport size color photo here

### Box 4

- How did you hear of NYTS?
  - Newspaper ___ Website ___ Friend ___ Student ___
  - Radio Station ___ Open House ___ Mosque/Church/Synagogue ___ Office of Vocational Discernment ___ Other, (please specify): ___________________________

### Box 5

- Church: ___________________________________________

- Name: ___________________________________________

- Address, Tel #: ___________________________

- Affiliation: ___________________________

- Pastor: ___________________________

- How did you hear of NYTS?
  - Newspaper ___ Website ___ Friend ___ Student ___
  - Radio Station ___ Open House ___ Mosque/Church/Synagogue ___ Office of Vocational Discernment ___ Other, (please specify): ___________________________

- New students must provide Proof of Immunization for Measles, Mumps & Rubella if born ON or AFTER Jan. 1, 1957.

- Place passport size color photo here

### Box 6

- Check off the course(s) you are registering for

<table>
<thead>
<tr>
<th>Semester</th>
<th>Session A</th>
<th>Code</th>
<th>Session B</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fall 20</td>
<td>12 sessions</td>
<td>Code</td>
<td>12 sessions</td>
<td>Code</td>
</tr>
<tr>
<td></td>
<td>Old Testament</td>
<td>CSB1000</td>
<td>Church Administration</td>
<td>CSB2000</td>
</tr>
<tr>
<td></td>
<td>Biblical Exegesis</td>
<td>CSB1010</td>
<td>Church History</td>
<td>CSB2010</td>
</tr>
</tbody>
</table>

| Spring 20 | 12 sessions        | Code  | 6 sessions         | Code  |
|          | New Testament      | CSB1020 | Pastoral Care and Counseling | CSB2020 |
|          | Cross-Cultural Leadership | CSB1030 | Intro Preaching      | CSB2030 |
|          |                    |       |                    |       |
|          |                    |       |                    |       |

- Cash: $___  □ Check #/Money Order: ___________________________ $ _______
- Credit/Debit: MC ___ Visa ___ Expires: __/__/_________ $ _______

- Card#: ___________________________  Signature ___________________________

- Approval: Business Office: _______ Registrar: _______  Rev. 07/08/15 LC

### Notes

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