

High School Student Course Registration Form



BOB JONES UNIVERSITY
EST. 1927

Please print in ink. Complete all sections of the form.

Personal Information

Legal Name		
Preferred Name	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth / /	SSN	- -
Mailing Address		
City	State	ZIP
Home Phone ()	Cell Phone ()	Email
Vehicle year and make		
(You MUST register your vehicle with Public Safety because you are taking a class on campus.)		

Family Information

<input type="checkbox"/> Father <input type="checkbox"/> Stepfather <input type="checkbox"/> Guardian (check one)		
Legal Name <input type="checkbox"/> Mr. <input type="checkbox"/> Dr.		
Mailing Address (if not the same as student's)		
City	State	ZIP
Preferred Phone ()	Phone Type	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work
Email	BJU alumnus, student or former student? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Marital Status: <input type="checkbox"/> Never Married <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Divorced and Remarried <input type="checkbox"/> Widow or Widower Deceased? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Mother <input type="checkbox"/> Stepmother <input type="checkbox"/> Guardian (check one)		
Legal Name <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.		
Mailing Address (if not the same as father's)		
City	State	ZIP
Preferred Phone ()	Phone Type	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work
Email	BJU alumna, student or former student? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Marital Status <input type="checkbox"/> Never Married <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Divorced and Remarried <input type="checkbox"/> Widow or Widower Deceased? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Brothers/Sisters (high school age or younger)

Name	Grade	Birthday	/	/
Name	Grade	Birthday	/	/
Name	Grade	Birthday	/	/

Church Information

Church Name

Church Address

City

State

ZIP

Pastor

Denomination

Church Phone ()

Church Email

Web Address

Describe your church attendance: ☐ Weekly (1–3 times per week) ☐ Occasionally (1–2 times per month) ☐ Rarely (less than 10 times a year) ☐ Never

Registration Information

Course Name

Course Number

Academic Term: ☐ 1st semester ☐ 2nd semester ☐ Summer (Specify summer dates)

Proposed Major

Academic Information

High School

Grade

City

State

ZIP

High School Principal

Email

Expected Graduation Date

School Phone ()

Type of School ☐ Christian School ☐ Homeschool ☐ Public School ☐ Private School ☐ Other

Yes or No questions:

Yes No

- ☐ ☐ Have you been placed on probation, denied enrollment or dismissed by any high school for academic reasons?
- ☐ ☐ Have you been placed on probation, denied enrollment, suspended or expelled for disciplinary reasons by any high school?
- ☐ ☐ Have you used alcohol, a non-medical drug or tobacco during the past 24 months?
- ☐ ☐ Have you been convicted of a felony or misdemeanor?
- ☐ ☐ Have you been under the supervision of a parole officer, under the custody of a court, or been placed on probation?

Thank you for completing this form. You can submit it in one of three ways:

- Mail: Admission, Bob Jones University, Greenville, SC, 29614
- Fax: (800) 232-9258
- Scan and email: admission@bju.edu

BUILD FAITH. CHALLENGE POTENTIAL. FOLLOW CHRIST.



BOB JONES UNIVERSITY
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