



Student Registration Form

OCP-0050
Middlesex School of Theology
311 E. Main St
Middletown CT 06457

Student Name:	
Address:	
City/State/Zip Code:	
Phone:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female Date of Birth:
SSN:	Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widow(er)
Race:	
High School Graduate: <input type="checkbox"/> Yes <input type="checkbox"/> No Year:	<input type="checkbox"/> GED <input type="checkbox"/> Diploma
Name of High School:	
This registration is on a: <input type="checkbox"/> New Student <input type="checkbox"/> Past Student. BLCS ID #	
Program Enrolling Into:	

Notes:

This form and fees to be sent into main offices within 15 days of registration.

BLCS Form 1001 Date Received: _____ Date Processed: _____