



Student Registration Form

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| 1. Personal Information | | | | <input type="checkbox"/> Check if you are a returning student |
| Last Name: | First Name: | Middle Name: | Maiden Name: | Please paste recent passport-sized photograph here. |
| NRIC / Passport (last 4 characters) | | Mailing Address (Street) | | |
| City, State, Zip/Postal, Country | | | | |
| Home Phone () | Cell Phone () | Date of Birth (dd/mm/yyyy) | | |
| Employment | | Email address: | | |
| 2. School Information | | | | |
| School ID: CVSOT | School Name: Covenant Vision School of Theology | | | |
| Mailing Address (Street): 2 Kallang Avenue, #03-10 CT Hub | City, State, and Zip: Singapore 339407 | Pastor/Chancellor's Name: Rev Francis Khoo | | |
| 3. Method of Payment | | | | |
| Internet Bank transfer to: | | One-time registration fee for the program: S\$100 | | |
| <ul style="list-style-type: none"> Account Number: 653 817577 001 Account Name: Covenant Vision Centre Bank: Overseas-Chinese Banking Corporation (OCBC) Please specify "CVSOT" followed by your name in the ref/comment field. Notify us of the payment via email/phone. | | By Cheque: Please make cheque payable to "Covenant Vision Centre" and mail it to: Covenant Vision Centre School of Theology 2 Kallang Ave, #03-10 CT HUB Singapore 339407 | | |
| By Cash: Cash payment may be made at Covenant Vision Centre, Tuesday - Friday, 10am to 5pm. Please DO NOT send cash via mail. | | | | |
| 4. Church Information | | | | |
| Home Church Name: | | | Senior Pastor: | |

Declaration

I certify that the information submitted in this application are true and will abide by the standards and rules of Covenant Vision School of Theology (CVSOT). I understand that all information provided to CVSOT will be used for administrative and evaluation purposes. CVSOT may disclose my contact details to third parties, including lecturers, guest lecturers, students and staffs of CVSOT, to facilitate the conduct of the program and courses provided by CVSOT.

I would also like to be kept informed of any updates for the following events. (please tick where applicable)

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| <input type="checkbox"/> Covenant Vision School of Ministry (CVSOM) | <input type="checkbox"/> Covenant Vision Centre (CVC) |
| <input type="checkbox"/> Covenant Vision School of Theology (CVSOT) | <input type="checkbox"/> Covenant Vision Christian Church (CVCC) |

By providing my personal data to Covenant Vision School of Theology in this Registration form, I hereby consent for Covenant Vision School of Theology to collect, use, disclose and handle my personal data ensuring my privacy under the Personal Data Protection Act 2012 (PDPA) including contacting me via phone or email.

Name: _____ Signature _____ Date _____

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| For CVSOT Official Use: One-time registration fee for the program: S\$100 Payment by: <input type="checkbox"/> Cash <input type="checkbox"/> Cheque No. _____ <input type="checkbox"/> Internet Banking | Received by: _____ Date: _____ |
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|---------------------------------|--------------|----------|-------|--------------|
| For CLEN Office Use Only | | | | |
| Member School: | Amount Paid: | Check #: | Date: | Referred by: |

For CLEN member School: Please submit this form to the CLEN Office, 6171 Gateway Rd, Columbus, Georgia 31909 with the appropriate Registration fee.