



# REFUGE DISCIPLESHIP SCHOOL






DATE

## APPLICATION FOR ADMISSION

HOW DID YOU HEAR ABOUT RDS?

### PERSONAL INFORMATION

FULL LEGAL NAME AS APPEARS ON BIRTH CERTIFICATE			NAME YOU ARE CALLED BY		RELATIONSHIP STATUS	
ADDRESS			CITY		STATE	ZIP
BIRTHDAY	AGE	HOME PHONE NUMBER		CELL PHONE NUMBER		WORK NUMBER
EMAIL		SOCIAL MEDIA HANDLE   			T SHIRT SIZE	RING SIZE

### FAMILY INFORMATION

FATHER'S NAME	ADDRESS	OCCUPATION	HOME PHONE NUMBER
		ACCEPTED CHRIST	WORK NUMBER
MOTHER'S NAME	ADDRESS	OCCUPATION	HOME PHONE NUMBER
		ACCEPTED CHRIST	WORK NUMBER
GUARDIAN'S NAME	ADDRESS	OCCUPATION	HOME PHONE NUMBER
		ACCEPTED CHRIST	WORK NUMBER
PARENT INFO <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED	PARENTS INFO FATHER <input type="checkbox"/> ALIVE <input type="checkbox"/> DECEASED MOTHER <input type="checkbox"/> ALIVE <input type="checkbox"/> DECEASED	WHO DO YOU CURRENTLY LIVE WITH? <input type="checkbox"/> BOTH PARENTS <input type="checkbox"/> FATHER <input type="checkbox"/> MOTHER <input type="checkbox"/> OTHER _____	HOW MANY SIBLINGS DO YOU HAVE?

SIBLINGS (LIST ALL BROTHERS AND SISTERS FROM OLDEST TO YOUNGEST)

DESCRIBE YOUR FAMILY LIFE

## HEALTH INFORMATION

DO YOU HAVE HEALTH INSURANCE?	WHO IS YOUR PROVIDER?			
EMERGENCY CONTACT			EMERGENCY CONTACT PHONE NUMBER	
PHYSICIAN'S NAME	PHONE	ARE YOU CURRENTLY RECEIVING MEDICAL TREATMENT?		
DESCRIBE ANY PHYSICAL PROBLEMS OR ALLERGIES THAT REQUIRE MEDICATION OR PHYSICAL CARE				
LIST ALL PHYSICAL LIMITATIONS/ALL DISABILITIES (INCLUDING PHYSICAL, MENTAL OR LEARNING)				
DO YOU EXERCISE? IF SO, HOW MUCH A WEEK? IF NOT, WHY NOT?				
ON SCALE FROM 1 TO 10, 1 BEING VERY UNHEALTHY, 10 BEING IN THE BEST SHAPE OF MY LIFE, HOW WOULD YOU RATE YOURSELF?				
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10				

## CHURCH INFORMATION

DO YOU PRESENTLY ATTEND CHURCH?	NAME OF THE CHURCH YOU ARE ATTENDING	HOW LONG HAVE YOU ATTENDED THIS CHURCH?	HOW MANY TIMES A WEEK DO YOU ATTEND CHURCH?	ARE YOU A MEMBER OF THIS CHURCH?
CHURCH DENOMINATION		NAME OF LEAD PASTOR	NAME OF YOUTH PASTOR	
CHURCH ADDRESS		CITY	STATE	ZIP
PHONE NUMBER				
DID YOUR FAMILY ATTEND CHURCH TOGETHER?	DID YOUR PARENTS PROVIDE A GOOD SPIRITUAL ROLE MODEL FOR YOU?	WHEN DID YOU ACCEPT CHRIST? (MONTH/YEAR)	HAVE YOU EVER BEEN BAPTIZED IN WATER?	WHEN WERE YOU FIRST BORN-AGAIN?
DO YOU FEEL A POSSIBLE CALL INTO MINISTRY?	IF SO, PLEASE EXPLAIN			
LIST THE DIFFERENT MINISTRIES YOU HAVE BEEN OR ARE CURRENTLY INVOLVED IN				
HAVE YOU EVER HAD AN ACTS 2:4 EXPERIENCE? (NOT REQUIRED FOR ACCEPTANCE) ACTS 2:4 (NIV) "ALL OF THEM WERE FILLED WITH THE HOLY SPIRIT AND BEGAN TO SPEAK IN OTHER TONGUES AS THE SPIRIT ENABLED THEM."				



3. DEFINE YOUR IDEA OF MINISTRY

4. WHAT ARE SOME QUALITIES YOU FEEL ARE NECESSARY TO BE A SPIRITUAL LEADER?

5. WHAT DO YOU PLAN TO DO AFTER ATTENDING THE REFUGE DISCIPLESHIP SCHOOL?

A COMPLETE ADMISSION APPLICATION MUST HAVE:

COMPLETED APPLICATION  
PHOTO  
HIGH SCHOOL TRANSCRIPTS  
\$35 APPLICATION FEE

PLEASE MAIL COMPLETED ADMISSION APPLICATION AND HIGH SCHOOL TRANSCRIPTS TO:

REFUGE DISCIPLESHIP SCHOOL  
230 REFUGE WAY  
KANNAPOLIS, NC 28081  
ATT.N: ABE ORTEGA