

Frontier School of the Bible

Student Application

PO Box 217, LaGrange, WY 82221

Ph: (307) 834-2215 / Fax: (307) 834-2421

Main Office Email: frontier@frontierbible.org

Completion of this application is a preliminary step and does not imply acceptance.

Final action will be taken and you will be notified after we have received all of your documents.

For Office Use Only

Date Received _____

Application Fee Receipt _____

Testimony _____

Medical History _____

HS Transcript _____

College Transcript _____

Pastor's Reference _____

#2 Reference _____

#3 Reference _____

Acceptance Date _____

Entrance Fee Receipt _____

Paperwork Returned _____

GENERAL INFORMATION

Name _____

Email _____ Phone Number _____

Address _____ City _____ State _____ Zip Code _____

Birthdate _____ SSN (last 4 digits) _____ Year Graduated High School _____

If accepted, when do you wish to enroll? August _____ January _____ Year _____

PARENT OR GUARDIAN (FOR SINGLE APPLICANTS) OR SPOUSE (FOR MARRIED APPLICANTS) INFORMATION

Parent/guardian name _____

Parent/guardian phone number _____

Is the person listed here in favor of you attending FSB? Yes _____ No _____

Street Address _____ City _____

State _____ Zip _____ Country _____

MARRIAGE & FAMILY

MARRIAGE AND FAMILY INFORMATION

Current marital Status: Single _____ Engaged _____ Married _____

Have you been previously married? _____

(If you answered yes to the above question, please give complete information pertaining to your answer on a separate sheet of paper.)

WORK & LIFESTYLE

What is your present occupation? _____

Do you belong to any secret or fraternal societies, orders, or lodges? _____

If yes, please name them here: _____

Do you have any record with any law enforcement agency? Yes ___ No ___

or court other than minor traffic violations? _____

If yes, please provide details here: _____

Have you used tobacco, alcoholic beverages, drugs or been involved in the occult? _____

If yes, please provide details here (length of involvement, frequency, etc.) _____

How did you hear about Frontier?

CHURCH INFORMATION

What church do you attend? _____

CHURCH ADDRESS

Street address _____ City _____

State _____ Zip _____ Country _____

How many services do you attend weekly? _____

How long have you attended this church? _____ Are you a member? Yes ___ No ___

In what ways have you served? _____

If so, how have you been involved? _____

DOCTRINAL AGREEMENT

Have you read our school's doctrinal statement? Yes ___ No ___

Are you in agreement with it? Yes ___ No ___

ACADEMIC INFORMATION

How many credit hours do you plan on taking?

Full time (12 or more credits) _____ Part time (6-11 credits) _____ Special (1-5 credits) _____ Audit _____

What type of housing are you seeking?

Dorm (full time singles) _____ Married Student Housing _____ Off Campus _____ Commuter _____

Do you plan to graduate from Frontier? Yes _____ No _____ Undecided _____

Have you read and do you understand FSB's graduation requirements? Yes _____ No _____

Why do you want to attend FSB? _____

HIGH SCHOOL INFORMATION

Name of the high school you attended (home school students please include a one-page essay about your homeschool experience) _____

Street Address _____ City _____

State _____ Zip _____ Country _____

ADDITIONAL EDUCATION INFORMATION

Please list any post-secondary schools you have attended _____

Has any school ever expelled you, suspended you, put on probation, or rejected your application?

If yes, please give details here _____

REFERENCES

Please list three non-relatives over 21, who have known you for at least a year, who can complete the reference forms that are required for your application. Please give the appropriate form to each reference.

One of these is to be your pastor, youth pastor, or church official. You are required to sign the confidentiality waiver for those three references that is found below.

WAIVER OF CONFIDENTIALITY

"I, the undersigned, hereby voluntarily waive the right to inspect or challenge the content and comments expressed in the references provided. I expect that the observations made shall remain confidential between the reference provider and Frontier."

My signature indicates that the information I have provided in this application is complete and true. I have read the school catalog and, if accepted, I will abide by the standards of Frontier School of the Bible and am committed to living a lifestyle honoring to the Lord Jesus Christ.

Signature _____ Date _____
Print name _____
Signature of parent or guardian (if applicant is under 18) _____
(print name) _____

Pastoral reference name _____ Phone number _____
Street address _____ City _____
State _____ Zip _____ Country _____

Reference name _____ Phone number _____
Street address _____ City _____
State _____ Zip _____ Country _____

Reference name _____ Phone number _____
Street address _____ City _____
State _____ Zip _____ Country _____

YOUR COMPLETE APPLICATION CONSISTS OF:

1. This form
2. \$25 application fee
3. Copy of immunization records
4. A recent photo of yourself
5. Written testimony. Please attach a written testimony of your salvation, your surrender to God's will, and His leading in your life up to the present time.
6. Please send your high school transcript to registrar@frontierbible.org or PO Box 217 LaGrange, WY 82221.

MEDICAL HISTORY

Height _____ Weight _____

IN CASE OF EMERGENCY, NOTIFY:

Name _____ Phone number _____

Street address _____ City _____

State _____ Zip _____ Country _____

What is this persons relationship to you? _____

DOCTOR INFORMATION

Doctor's name _____

Name of clinic _____ Phone number _____

Address of clinic _____ City _____

State _____ Zip _____ Country _____

Please examine the following list of conditions and mark those that you have been diagnosed with:

- | | | |
|--------------------------------|--|--|
| <input type="radio"/> Asthma | <input type="radio"/> Fainting Spells | <input type="radio"/> Hypoglycemia |
| <input type="radio"/> Diabetes | <input type="radio"/> Hearing Problems | <input type="radio"/> Migraine Headaches |
| <input type="radio"/> Epilepsy | <input type="radio"/> HIV/AIDS | <input type="radio"/> Sleep Disorder |

Are there any other medical conditions we should be aware of? _____

Do you have any allergies? If yes, please list and describe reactions here _____

Please examine the following list and mark any areas of concern (or diagnosis):

- | | | |
|--------------------------------|--|--|
| <input type="radio"/> ADD | <input type="radio"/> Depression | <input type="radio"/> Schizophrenia |
| <input type="radio"/> ADHD | <input type="radio"/> Eating Disorder | <input type="radio"/> Autism/Aspergers |
| <input type="radio"/> Bi-Polar | <input type="radio"/> Manic Depressive | <input type="radio"/> Other. |

Further explanation: _____

Are there any educational challenges we should be aware of?

- | | | |
|---|---|--|
| <input type="radio"/> Dyslexia | <input type="radio"/> Slow reader/difficulty with | <input type="radio"/> Struggle with deadlines/ |
| <input type="radio"/> Prefer one-on-one testing | reading comprehension | time management |

Further Explanation: _____

Frontier School of the Bible

Reference Form

PO Box 217, LaGrange, WY 82221

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Registrar's Email: registrar@frontierbible.org

Name: _____ Email: _____

Phone number: _____

How long have you known applicant? _____ In what capacity?: _____

As far as you know, has s(he) been born again by faith in Jesus Christ? Yes ___ No ___

Has s(he) attended church regularly? Participated in church activities? Done any Christian Service? If so, list: _____

Does s(he) come from a Christian home? A well-disciplined home? Receive encouragement at home? _____

Is s(he) inclined to receive instruction? Yield to discipline?

Does s(he) have any significant limitations in the physical, mental, emotional, or social realms? If so, explain: _____

Does s(he) have any special talents or abilities?

Have you noted any particular weaknesses?

Has s(he) to your knowledge ever been disciplined or dropped from school? Released from employment? If so, explain:

Have You observed anything that would be questionable about his/her moral life? If so, explain: _____

Have you ever known the applicant to use intoxicating beverages? Tobacco? Drugs? If so, explain: _____

Have you any reason whatsoever for lack of confidence in the applicant? If so, explain: _____

What degree of success as a college student would you predict for this applicant?

- Superior
- Excellent
- Above Average
- Average
- Below Average
- Failure

If you were a member of the Admissions Committee at Frontier, would you vote to accept him/her as a student?

- Enthusiastically
- Willingly
- Questionably
- Not at all

PERSONALITY AND CHARACTER ASSESSMENT

SPIRITUAL LIFE

- Vital & Contagious
- Genuine, but not contagious
- Rich & Growing in maturity
- Characterized by immaturity
- Average

Additional Comments: _____

INITIATIVE

- Anticipates needs: resourceful
- Shows good initiative
- Average - Occasional initiative
- Requires some direction
- Requires constant supervision

Additional Comments: _____

COOPERATION

- Works well with others
- Works well under others
- Cooperative only under pressure
- Not cooperative

Additional Comments: _____

JUDGEMENT

- Discerning
- Average
- Good common sense
- Poor sense of values

Additional Comments: _____

TACTFULNESS

- Very sensitive to others
- Sometimes untactful
- Insensitive to others
- Usually courteous
- Blunt, outspoken

Additional Comments: _____

RESPONSIBILITY

- Capable of responsibility
- Shows some dependability
- Irresponsible, careless
- Thoroughly dependable
- Usually reliable

Additional Comments: _____

INDUSTRY

- Seeks additional work
- Cooperative
- Difficult to handle
- Goes beyond what is required
- Performs assigned tasks
- Needs prodding

Additional Comments: _____

ACCEPTANCE BY OTHERS

- Sought after by others
- Liked by others
- Avoided by others
- Well liked By others
- Just tolerated by others

Additional Comments: _____

LEADERSHIP

- Inspiring & Successful leader
- Assumes occasional leadership
- Always a follower
- Good leadership
- Tries, but usually fails

Additional Comments: _____

EMOTIONAL STABILITY

- Exceptionally stable
- Well balanced

- High strung, but controlled
- Excitable - easily upset

- Unresponsive

Additional Comments: _____

PERSONAL APPEARANCE

- Neat appearance

- Average appearance

- Careless in dress

Additional Comments: _____

Please sign your name here: _____

Please print your name here: _____

Date: _____

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Additional Comments: _____

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PERSONAL APPEARANCE

- Neat appearance

- Average appearance

- Careless in dress

Additional Comments: _____

Please sign your name here: _____

Please print your name here: _____

Date: _____

Frontier School of the Bible

Pastoral Reference Form

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Main Office Email: frontier@frontierbible.org

Registrar's Email: registrar@frontierbible.org

Name: _____ Email: _____
Phone Number: _____

How long have you known applicant? _____ In what capacity?: _____

How well do you know him/her?

- | | | |
|---|--|--|
| <input type="radio"/> Just by name & sight | <input type="radio"/> Fairly well - have had a | <input type="radio"/> Had had a very close |
| <input type="radio"/> Casually - have had a few | number of personal | pastor - young person |
| contacts | contacts | relationship |

As far as you know, has s(he) been born again by faith in Jesus Christ? Yes ____ No ____

To what extent has the applicant engaged in the activities of your church?

- | | | |
|--------------------------------------|--|--|
| <input type="radio"/> Very irregular | <input type="radio"/> Seldom participates in | <input type="radio"/> Is cooperative & usually |
| attendance; little interest | activities; does regularly | willing to help |
| in activities | attend | <input type="radio"/> Enthusiastically engages |
| | | in activities |

In what forms of Christian Service has the applicant been regularly active? (Sunday school, Choir, Children's church, etc.) _____

If the applicant doesn't participate, do you know why? _____

Does s(he) come from a Christian home? A well-disciplined home? Receive encouragement at home? _____

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Does s(he) have any special talents or abilities?

Have you noted any particular weaknesses?

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PERSONALITY AND CHARACTER ASSESSMENT

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- | | | |
|---|---|-------------------------------|
| <input type="radio"/> Vital & Contagious | <input type="radio"/> Rich & growing in maturity | <input type="radio"/> Average |
| <input type="radio"/> Genuine, but not contagious | <input type="radio"/> Characterized by immaturity | |

Additional Comments: _____

INITIATIVE

- | | | |
|--|---|---|
| <input type="radio"/> Anticipates needs: resourceful | <input type="radio"/> Average - occasional initiative | <input type="radio"/> Requires constant supervision |
| <input type="radio"/> Shows good initiative | <input type="radio"/> Requires some direction | |

Additional Comments: _____

COOPERATION

- | | |
|---|---|
| <input type="radio"/> Works well with others | <input type="radio"/> Cooperative only under pressure |
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