



BRIDGE STREET MISSION SCHOOL STUDENT APPLICATION

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Date of Application: D ___ M ___ Y ___

Starting date of school: M ___ Y ___

Identity:

Last name: _____ First name: _____ Middle: _____

Nickname: _____ Sex: []Male []Female Age: _____ Birthdate: D ___ M ___ Y ___

Birthplace: _____ E-mail: _____ Phone: _____ - _____ - _____

Mailing address: (Until: D ___ M ___ Y ___)

Street: _____

City/Town: _____ State: _____ Zip: _____ Country: _____

Permanent address (if different than above):

Street: _____

City/Town: _____ State: _____ Zip: _____ Country: _____

Phone: _____ Email: _____

Passport/Visa information:

Country of citizenship: _____

Name as listed on passport: _____

City and country where passport was issued: _____

Passport number: _____ Passport expire date: D ___ M ___ Y ___

Visa type (non US citizens only): _____ Date issued: D ___ M ___ Y ___

City and country where visa was issued: _____ Visa expire date: D ___ M ___ Y ___

Have you ever been denied a passport or visa? []Yes []No If yes, nation and details: _____

Marital/Relationship status:

[]Single []Engaged (Date: D ___ M ___ Y ___) []Married (Date: D ___ M ___ Y ___)

[]Separated (Date: D ___ M ___ Y ___) []Divorced (Date: D ___ M ___ Y ___)

[]Remarried (Date: D ___ M ___ Y ___) []Widowed (Date: D ___ M ___ Y ___)

Spouse last name: _____ First name: _____ Middle: _____

Sex: []Male []Female Birthdate: D ___ M ___ Y ___ Birthplace: _____

Will your spouse be accompanying you? []Yes []No

Are you currently in a dating relationship? []Yes []No Last name: _____ First: _____

Are you currently in a dating relationship with another Mission School applicant? []Yes []No

If yes, please state their full name: Last: _____ First: _____ Middle: _____

Do you have children? []Yes []No. If so, please list name(s)/gender/age? _____

Criminal record: If answer to either question is yes, please explain details on separate sheet of paper. Your signature below is authorization for the BSHOP to request a criminal background check on you.

Have you ever been convicted of a felony? []Yes []No Misdemeanor? []Yes []No If so, when and where? _____

Have you ever been convicted of a sexual crime? []Yes []No If so, when and where? _____

Applicant's signature: _____ Date: D____M____Y____

Emergency information:

In case of emergency contact: _____

Relationship: _____ Street: _____

Phone: _____ City/Town: _____

State: _____ Zip: _____ Country: _____

Email(s): _____

In case of emergency, I/we hereby agree to the performance of such treatment, including anesthesia and surgery, as the attending doctor or physician may deem necessary.

Applicant's signature: _____ Date: D____M____Y____

Parent/Guardian's signature (required for minors): _____ Date: D____M____Y____

Church information:

Home Church: _____ Pastor: _____

Denomination: _____ Street: _____

Phone: _____ City/Town: _____

State: _____ Zip: _____ Country: _____

Work experience: (Please list all work experience for the last 10 years, starting with most recent.)

Position: _____ Company: _____ Dates: M____Y____ to M____Y____

Supervisor: _____ Skills used: _____

Position: _____ Company: _____ Dates: M____Y____ to M____Y____

Supervisor: _____ Skills used: _____

Position: _____ Company: _____ Dates: M____Y____ to M____Y____

Supervisor: _____ Skills used: _____

Position: _____ Company: _____ Dates: M____Y____ to M____Y____

Supervisor: _____ Skills used: _____

Position: _____ Company: _____ Dates: M____Y____ to M____Y____

Supervisor: _____ Skills used: _____

Skills and talents:

Occupational skills: _____ Years experience: _____

Musical or other talents: _____ Years experience: _____

Languages: (Please identify and rate your English language proficiency below.)

[]1-Elementary speaking []2-Limited word proficiency []3-Minimum professional proficiency

[]4-Full professional proficiency []5-Native speaking proficiency []6-Mother tongue

Other languages and proficiency: _____

Educational experience:

Grades completed: [] Grade school [] Secondary/High school [] Equivalent secondary/High school
(Check all that apply) [] College/University [] Post graduate

Institution: _____ Dates: M ___ Y ___ to M ___ Y ___

Degree/Major _____ Date: M ___ Y ___

Address: _____

Institution: _____ Dates: M ___ Y ___ to M ___ Y ___

Degree/Major _____ Date: M ___ Y ___

Address: _____

Institution: _____ Dates: M ___ Y ___ to M ___ Y ___

Degree/Major _____ Date: M ___ Y ___

Address: _____

Institution: _____ Dates: M ___ Y ___ to M ___ Y ___

Degree/Major _____ Date: M ___ Y ___

Address: _____

Financial information:

Do you have your complete school fees? [] Yes [] No What amount do you have? \$ _____

Amount still needed? \$ _____ From what source will still-needed funds come? _____

Do you have any significant outstanding debts? [] Yes [] No

If yes, explain: _____

Acknowledgment of financial responsibility:

I understand that payment of the required school tuition fees must be made in U.S. currency prior to or upon my arrival. Further, I agree to meet in a timely manner, prior to the completion of school, all expenses incurred during my involvement with the Bridge Street House of Prayer. If I am accepted by the BSHOP, I will abide by the Spirit, rules and schedule of the school.

Applicant's signature: _____ Date: D ___ M ___ Y ___

Signature of parent or guardian: (Required if applicant is under 18 years of age.)

Signature: _____ Date: D ___ M ___ Y ___ Relationship: _____

Expectations (Use separate sheet if necessary):

How did you first hear of the BSHOP Mission School? _____

What reason most influenced your decision to apply? _____

What expectations do you have for this course? _____



BRIDGE STREET MISSION SCHOOL PERSONAL HISTORY INFORMATION

*Please write 2 or 3 paragraphs on each topic.
Use additional pages if necessary.*

Last name: _____ First name: _____ Middle: _____

Personal History - Briefly describe the following:

a. Your conversion experience and present spiritual relationship with the Lord Jesus.

b. The areas of your character you are presently seeking to further develop and improve.

c. Your long-term goals.

d. Your relationship with your local church, including areas of ministry, service and leadership experience.

BRIDGE STREET MISSION SCHOOL PERSONAL HISTORY INFORMATION

e. Your business, professional, mission-related (including previous BSHOP involvement) or other significant experiences.

f. Your relationship with your family.

g. How does your family feel about your plans to enroll in the Bridge Street Mission School?

h. What are you expecting to gain from this experience?



BRIDGE STREET MISSION SCHOOL STUDENT HEALTH FORM

Last name: _____ First name: _____ Middle: _____
 Phone: _____ Email: _____
 Height: _____ Weight: _____ Age: _____ Birthdate: D ___ M ___ Y _____

Medical information:

Name of insurance carrier: _____ Contact phone: _____
 Policy type: _____ Policy number: _____ Expiration date: D ___ M ___ Y _____
 Brief description of coverage: _____
 In case of emergency contact: _____ Relationship: _____
 Street/Box: _____ Phone: _____
 City/Town: _____ State: _____ Zip: _____ Email: _____

Health history: *(Answer all questions. Explain positive answers below or on a separate piece of paper.)*

Do you now have, or have you ever had, any of the following?

- | | | | | | | | | | | | | | | |
|---|---------------------------------|--------------------------|--------------------------|--------------------------|---|-----|----|--------------------------|--------------------------|---|-----|----|--------------------------|--------------------------|
| <table border="0" style="width: 100%;"> <tr><td>Yes</td><td>No</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table> | Yes | No | <input type="checkbox"/> | <input type="checkbox"/> | <table border="0" style="width: 100%;"> <tr><td>Yes</td><td>No</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table> | Yes | No | <input type="checkbox"/> | <input type="checkbox"/> | <table border="0" style="width: 100%;"> <tr><td>Yes</td><td>No</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table> | Yes | No | <input type="checkbox"/> | <input type="checkbox"/> |
| Yes | No | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | |
| Yes | No | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | |
| Yes | No | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | |
| 1-Skin condition | 15-Heart trouble | 25-Jaundice | | | | | | | | | | | | |
| 2-Eye trouble | 16-High blood pressure | 26-Hepatitis | | | | | | | | | | | | |
| 3-Ear trouble | 17-Low blood pressure | 27-Intestinal troubles | | | | | | | | | | | | |
| 4-Head injury | 18-Rheumatism/Arthritis | 28-Recurrent diarrhea | | | | | | | | | | | | |
| 5-Recurrent headache | 19-Back problems | 29-Diabetes | | | | | | | | | | | | |
| 6-Epilepsy | 20-Dislocation of joints | 30-Kidney disease | | | | | | | | | | | | |
| 7-Fainting Spells | 21-Broken Bones | 31-Anemia | | | | | | | | | | | | |
| 8-Mental/Nervous disorders | 22-Stomach/Duodenal ulcer | 32-Gall bladder problems | | | | | | | | | | | | |
| 9-Depression | 23-Sexually transmitted disease | 33-Cancer/Tumors | | | | | | | | | | | | |
| 10-Paralysis | 24-Surgery | 24-Female conditions | | | | | | | | | | | | |
| 11-Insomnia | Appendectomy | Irregular periods | | | | | | | | | | | | |
| 12-Shortness of breath | Tonsillectomy | Severe cramps | | | | | | | | | | | | |
| 13-Hay fever/Asthma | Hernia repair | Excessive flow | | | | | | | | | | | | |
| 14-Allergies | Other | Now pregnant | | | | | | | | | | | | |

Specify: _____ Specify: _____ Other: _____

Other illnesses or conditions: _____

Explanations for above: _____

Are you presently under a doctor's care? Yes No Specify: _____

Are you presently taking any medication? Yes No Specify: _____

Are you allergic to any drugs/medications? Yes No Specify: _____

Are you now receiving or did you ever receive compensation for disability from any source? Yes No

Specify: _____

Do you have any physical impairments, handicaps or health conditions which require special attention?

Yes No Specify: _____

BRIDGE STREET MISSION SCHOOL STUDENT HEALTH FORM

Drug use history:

In the last 12 months, have you used drugs other than those required for medical reasons? []Yes []No
Specify which drug and when: _____

Disease history: Have you ever had any of the following COMMUNICABLE DISEASES?

| | | | | | |
|-----|-----|---------------------|-----|-----|-----------------|
| Yes | No | | Yes | No | |
| [] | [] | 1-Chickenpox | [] | [] | 5-Pertussis |
| [] | [] | 2-Measles (rubella) | [] | [] | 6-Scarlet fever |
| [] | [] | 3-Measles (rubeola) | [] | [] | 7-Tuberculosis |
| [] | [] | 4-Mumps | [] | [] | 8-Other |

Family history: Have any of your immediate family members ever had any of the following?

| | | | | | |
|-----|-----|------------------|-----|-----|------------------------|
| Yes | No | | Yes | No | |
| [] | [] | 1-Tuberculosis | [] | [] | 6-Arthritis |
| [] | [] | 2-Diabetes | [] | [] | 7-Stomach disease |
| [] | [] | 3-Kidney disease | [] | [] | 8-Asthma/Hay fever |
| [] | [] | 4-Heart disease | [] | [] | 9-Epilepsy/Convulsions |
| [] | [] | 5-Hypertension | [] | [] | 10-Cancer |

Immunizations:

| DISEASE | BASIC (year) | | | BOOSTER (year) | | |
|--------------|--------------|----------|----------|----------------|----------|----------|
| | 1st dose | 2nd dose | 3rd dose | 1st dose | 2nd dose | 3rd dose |
| Diphtheria: | _____ | _____ | _____ | _____ | _____ | _____ |
| Tetanus: | _____ | _____ | _____ | _____ | _____ | _____ |
| Pertussis: | _____ | _____ | _____ | _____ | _____ | _____ |
| Polio: | _____ | _____ | _____ | _____ | _____ | _____ |
| Rubella: | _____ | _____ | _____ | _____ | _____ | _____ |
| Mumps: | _____ | _____ | _____ | _____ | _____ | _____ |
| Hepatitis A: | _____ | _____ | _____ | _____ | _____ | _____ |
| Hepatitis B: | _____ | _____ | _____ | _____ | _____ | _____ |

Certification:

I, _____ hereby certify that all the information included in this application is complete and accurate to the best of my knowledge.

Applicant's signature: _____ Date: D _____ M _____ Y _____

Signature of parent or guardian: (Required if applicant is under 18 years of age.)

Signature: _____ Date: D _____ M _____ Y _____ Relationship: _____