

Attach photo here
and complete form in
BLACK INK.

**Current photo taken within
the last 12 months**



APPLICATION FOR ADMISSION
Oneida Baptist Institute
P.O. Box 67
11 Mulberry Street
Oneida, Kentucky 40972
(606) 847-4111

Date _____

Filling out this application form does not insure admission, nor does it obligate the applicant before actual enrollment in school. This form should be sent to the school before the applicant desires to enter, and a **non-refundable** application fee of \$35 must be sent before the application will be considered. Please call the Admissions Office (ext. 233) to check the status of your application. **FILL IN ALL BLANKS. HAVE NOTARIZED WHERE INDICATED.**

Student's name in full _____ Sex: M F
First Middle Last

Student's address _____
Street City State Zip
(Billing statements and report cards will be sent to above address)

Student's Birthdate _____ Place _____
Month / Day / Year City State Country

Nationality _____ Social Security # _____ Home Phone (_____) _____

Check one: Father's
 Stepfather's Name _____ Age _____
(living with student)
 Guardian's (Relationship to student _____)

Occupation _____ Firm or Employer _____

Work Phone _____ Pager/Cell Phone _____

Check one: Mother's
 Stepmother's Name _____ Age _____
(living with student)
 Guardian's (Relationship to student _____)

Occupation _____ Firm or Employer _____

Work Phone _____ Pager/Cell Phone _____

Parents are: Living together ___ Divorced ___ Separated ___ How many children (including applicant) live at home? ___

Father's/Stepfather's or Mother's/Stepmother's or
Guardian's gross monthly salary _____ Guardian's gross monthly salary _____

Amount and source of other monthly income _____

If you cannot be contacted in an emergency, give the name, number, and relationship of the person you want contacted.

Emergency Contact's Name _____ Relationship _____

Emergency Contact's Phone Number _____ Pager/Cell Phone Number _____
(over)