



# SCHOOL OF THEOLOGY AND THE PROPHETS

## Registration Form

Prophet Dr. Kervin Dieudonne

### PERSONAL INFORMATION

Full Name :

Address :

Date of Birth :  /  /

Email :

Gender :

Married Status :

### EDUCATION HISTORY

High School Name:

High School Address

High School Graduation Date:

Colleges/Universities (if applicable):

Dates Attended:

Intended Program:

Anticipated Enrollment Term:  Fall  Spring  Other:

### FAITH BACKGROUND AND THEOLOGICAL INTERESTS

BRIEFLY DESCRIBE YOUR FAITH BACKGROUND, ANY BIBLICAL STUDIES OR EXPERIENCES YOU'VE HAD, AND WHY YOU ARE INTERESTED IN PURSUING CERTIFICATION AT THE SCHOOL OF PROPHETS.

WHAT DO YOU PLAN ON DOING WITH THE KNOWLEDGE YOU GAIN FROM SCHOOL OF THE PROPHETS?

### Application Fee Payment

**Application Fee: \$100**

I certify that the information provided in this application is complete and accurate to the best of my knowledge. I understand that any misrepresentation may result in the rejection of my application or withdrawal of admission.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Address Office:

A : 2480 Dr. Martin Luther King Jr. Blvd, Pompano Beach  
FL, 33069 Suite 5

P : 561-320-3857 E : theologyandprophets@gmail.com

**THANK YOU  
FOR REGISTRATION**