



Christian Life Educators Network

STUDENT REGISTRATION FORM

1. Personal Information		<input type="checkbox"/> Check if you are a returning student.			
Name:		Last	First	Middle	Maiden Name
Social Security Number:		Mailing Address (Street):			
City, State, Zip, Country					
Home Phone ()		Cell Phone: ()		Date of Birth:	
Employment:				E-Mail:	
2. School Information					
School ID:		School Name:			
Mailing Address (Street):		City, State, and Zip		Pastor/Chancellor's Name	
3. Method of Payment		(Submit payment to the school)			
Check Number:		Credit Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express			
Credit Card Number		CCV*		Credit Card Expiration Date:	
Name on Credit Card:			Cardholder's billing address		

Name Signature Date

For CLEN member school: Please submit this form to the CLEN Office, 6171 Gateway Rd., Columbus, Georgia 31909 with the appropriate Registration Fee.

For CLEN Office Use Only				
Member school:	Amount Paid:	Check #:	Date:	Referred by: