



LEARNING CENTER  
Latin American  
Missionary Training Institute  
Aguascalientes, MEXICO

Application Fee . . . . .   
Information Form . . . . .   
Health Record . . . . .   
Birth Certificate . . . . .

Birth Certificate Number \_\_\_\_\_

APPLICATION FOR ENROLLMENT

**A \$10.00 Application Fee must accompany this application.**

Grade for which applying: \_\_\_\_\_

Name of Student \_\_\_\_\_ M \_\_\_ F \_\_\_

Birthday \_\_\_\_\_ Age \_\_\_\_\_ Saved? \_\_\_\_\_

\* \* \* \* \*

FATHER: Name \_\_\_\_\_

Address \_\_\_\_\_

Zip \_\_\_\_\_

Name of Church: \_\_\_\_\_

Years saved: \_\_\_\_\_ Where Saved? \_\_\_\_\_

\* \* \* \* \*

MOTHER: Name \_\_\_\_\_

Address \_\_\_\_\_

Zip \_\_\_\_\_

Name of Church: \_\_\_\_\_

Years saved: \_\_\_\_\_ Where Saved? \_\_\_\_\_

\* \* \* \* \*

Names of Brothers - Birthdate

Names of Sisters - Birthdate

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

School Attended Last Year \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_  
(street) (city) (zip code)

\* \* \* \* \*

Has child had disciplinary problems in the past? \_\_\_\_\_

Does child have any learning difficulties? \_\_\_\_\_

Does child have any health problems? \_\_\_\_\_

(Explain on back of paper)

\_\_\_\_\_  
Signature of Father

\_\_\_\_\_  
Signature of Mother