



LEARNING CENTER  
 Latin American  
 Missionary Training Institute  
 Aguascalientes, MEXICO

FOR OFFICE USE ONLY

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

APPLICATION FOR ENROLLMENT

A \$10.00 Application Fee must accompany this application.

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

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

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

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

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

Address \_\_\_\_\_

Zip \_\_\_\_\_

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

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

\*\*\*\*\*

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

Address \_\_\_\_\_

Zip \_\_\_\_\_

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

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

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Names of Brothers - Birthdate

Names of Sisters - Birthdate

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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

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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