



# APPLICATION FOR AUDIT CLASS

Please send completed application to:

R.S.U.M. Admissions Office  
c/o The Richmond Outreach Center  
6255 Warwick Road  
Richmond, VA 23225

PHONE: (804) 675-4101  
FAX: (804) 675-4103

**WWW.ROCSCHOOL.COM**

<b>OFFICIAL USE ONLY</b>
Date App. Received: _____
Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No
Notes: _____
_____
_____
_____
_____

Please complete all information legibly and clearly.

## GENERAL INFORMATION

Date Application Submitted \_\_\_\_\_

Full Name \_\_\_\_\_  
(first) (Middle) (Last) (Maiden)

Name Usually Called \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  
Area Code

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Gender:  Male  Female

Are you presently married?  Yes  No If yes, name of spouse \_\_\_\_\_

Parents or Guardian: Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_  
Area Code

Church that you attend: Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_  
Area Code

How long have you been saved? \_\_\_\_\_

How long have you been attending this church? \_\_\_\_\_

## CLASSES I WOULD LIKE TO AUDIT:

- New Testament Survey
- Biographies of Great Preachers
- Age of Reformation
- Preacher Boy
- Women of the Bible
- Other \_\_\_\_\_




## EMERGENCY PERMIT

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Social Security \_\_\_\_\_

In the event that an emergency should arise, I hereby give **The ROC School of Urban Ministry** permission to authorize emergency anesthesia, surgery, and/or procedures deemed necessary.

*NOTE: This permit is required of every student. If the student will not be 18 years of age before registration, the person legally responsible for him or her must sign.*

<b>SIGN HERE</b> 	_____	_____	_____
	Signature	Relationship to Student	Date

Home Address of Signer: \_\_\_\_\_

\_\_\_\_\_

City State Zip Area Code) Phone Number