



**LOGOS INSTITUTE OF MISSIONS  
& BIBLICAL STUDIES  
(L.I.M.B.S.)**

**ENROLLMENT FORM**

FAMILY NAME	FIRST NAME	MIDDLE NAME
BIRTHDAY	MARITAL STATUS	OCCUCATION
EDUCATION	CONTACT NO.	EMAIL
COMPLETE MAILING ADDRESS		
CHURCH / RELIGION	WHEN JOINED	SPIRITUAL GIFTS
CHURCH MEMBERSHIP AND ADDRESS		OFFICESS HELD
YOUR FORMAL PHOTO ID HERE (IF AVAILABLE)	PLEDGE / COMMITMENT  I HEREBY COMMIT TO ABIDE with the School Guidelines and other school/class policies.  _____ Signature of Applicant  Date Signed _____	

Please PRINT and SEND US THE SCREENSHOT THIS FORM.  
KEEP THE ORIGINAL FOR YOUR COPY.THANK YOU

Please submit to:  
The Director of Admissions  
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