

Check the box that applies:

Middle School	<input type="checkbox"/>
High School	<input type="checkbox"/>
College	<input type="checkbox"/>
Post College	<input type="checkbox"/>
Technical/Trade	<input type="checkbox"/>



Graduation Registration Form

Fellowship Chapel Membership Required
Please type or print

Last Name		First Name		Middle Init.	
Address					
City				State	Zip
Membership ID #				Male	<input type="checkbox"/>
				Female	<input type="checkbox"/>
Email Address:			Phone Number:		
Name of Parent(s)				Parent's Phone Number:	
Name of Current School or Institution				Date of Promotion /Graduation	
Name of Future School or Institution					
# of Years Fellowship Chapel Member					

Graduating From:

Middle School High School Trade School Technical School Received: (Check one)		College or Graduate Degree Type (Check one)		Major	
Promotional Certificate	<input type="checkbox"/>	A.S.	<input type="checkbox"/>		
Diploma	<input type="checkbox"/>	A.A.	<input type="checkbox"/>		
GED	<input type="checkbox"/>	B.S.	<input type="checkbox"/>		
		B.A.	<input type="checkbox"/>		
		M.S.	<input type="checkbox"/>		
		M.A.	<input type="checkbox"/>		
		Ph.D.	<input type="checkbox"/>		

Other Certification Or Licensure (Indicate under "Major")		Other	<input type="checkbox"/>	
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Activities: *(Within last two years)*

Church	
School	
Community	

Future Plans <i>(school, college, job, military, etc)</i>	
Have you applied for or received a scholarship(s)	
Graduate Signature	
Parent/Guardian Signature	