

RESCUE MARRIAGES MINISTRY

SCHOOL OF MARRIAGE
EJISU CAMPUS - KUMASI, GHANA – WEST AFRICA



PASSPORT PICTURE
HERE

ADMISSION FORM FOR SCHOOL OF MARRIAGE

PROGRAMME

Professional Development Certificate in Christian, Marriage, and
Family Counseling

‘For the Lord gives wisdom; from his mouth come knowledge and understanding’
(Proverbs 2:6)

Telephone: +233 243 816 135/ +233 266 422 655

Email: rescuesom2017@gmail.com

PERSONAL RECORD FORM

(Please Fill This Form Correctly)

1. First Name:
2. Surname:
3. Other Name:
4. Sex: **(Tick Only)** Male ☐ Female ☐
5. Place of Residence:
6. Home Town:
7. Address:
8. Nationality:
9. Contact:
10. Email (If Any):

ACADEMIC STATUS

11. Basic:
12. Secondary:
13. Tertiary:

PROFESSIONAL STATUS

14. Work:

FAMILY LIFE

15. Father:
16. Mother:
17. Marital Status:
18. Number of Children:

RELIGIOUS AFFILIATION **(Tick Only)**

- | | |
|--|--|
| a. Christianity <input type="checkbox"/> | b. Denomination: |
| c. Muslim <input type="checkbox"/> | d. Traditionalist <input type="checkbox"/> |

REASONS TO OFFER THIS PROGRAM

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MODE OF PAYMENT FOR THE REST OF THE FEES (Tick Only)

1. Weekly ☐

2. Monthly ☐

DECLARATION

I.....declare that all information above is correct.
I pledge to respect and abide by all rules and regulations of the ministry. I uphold to the vision and mission of the ministry. I promise to keep the image of the college in as much as I am part of it.

SIGNATURE

DATE

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FOR OFFICE ONLY

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SIGNATURE OF PRESIDENT

DATE

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