

New Tribes Bible Institute
TRANSCRIPT REQUEST FORM FOR HIGH SCHOOL RECORDS
(Please take or mail this to your school's record office)

To the Principal:

I have applied to New Tribes Bible Institute for the August 20__ Jan 20__ semester.

Please send a copy of my __ High School transcript

To: **Admissions, New Tribes Bible Institute**
1210 E. Michigan Ave., Jackson, MI 49201

(If it is more than 30 days prior to graduation, please send a preliminary copy now, and a final copy with proof of graduation later.)

Please attach the personal data given below to the transcript being sent

Signature of applicant _____ Date _____

Personal Data (student to complete the information below)

Last Name	First	Middle/Maiden	Social Security Number
Address			Last semester attended Yr.
City	State	Zip	(Graduation Date (Mo./Yr.))

New Tribes Bible Institute
Transcript Request Form For College Records
(If necessary and applicable)
(Please take or mail this to your school's record office)

To the Registrar:

I have applied to New Tribes Bible Institute for the August 20__ Jan 20__ semester.

Please send a copy of my __ College transcript

To: **Admissions, New Tribes Bible Institute**
1210 E. Michigan Ave., Jackson, MI 49201

(If it is more than 30 days prior to graduation, please send a preliminary copy now, and a final copy with proof of graduation later.)

Please attach the personal data given below to the transcript being sent

Signature of applicant _____ Date _____

Personal Data (student to complete the information below)

Last Name	First	Middle/Maiden	Social Security Number
Address			Last semester attended Yr.
City	State	Zip	(Graduation Date (Mo./Yr.))

	N of Known	Poor	Below Average	Average	Above Average	Excellent
Achievement (ability to formulate, execute, and carry plans to conclusion)						
Self-discipline						
Teachability (willingness to accept instruction)						
Perseverance						
Dependability						
Punctuality						
Common sense and judgment						
Integrity (actions & conduct)						
Truthfulness						
Health						
Emotional Stability						
Marital Harmony (where applicable)						
Discipline of children (where applicable)						
Spiritual Maturity						
Knowledge of the Bible						
Commitment to personal Evangelism						
Consistency of Christian testimony						
Apparent desire for Christian growth						
Friendliness						
Leadership Ability						
Organization						
Ability to communicate						

	Not Known	Very Apparent	Often Apparent	Sometimes Apparent	Rarely Apparent	Never Apparent
Lazy						
Procrastination						
Critical						
Impracticality						
Discouragement						
Anxiety, Worry						
Moody						
Inclination toward exclusive & absorbing friendships (crushes)						
Depression						
Argumentative						
Domineering manner						
Rebellious						
Self-centered						

	Not Known	Poor	Below Average	Average	Above Average	Excellent
Neatness of person						
Initiative						
Ability with personal finances						
Sensitivity to others						
Conduct with the opposite sex						

New Tribes Bible Institute
CONFIDENTIAL REFERENCE QUESTIONNAIRE

_____ has applied to New Tribes Bible Institute. Your name has been given as a reference. Since all admission files are held in strict confidence, we would appreciate your open and forthright comments as you answer each question. When this form is completed, return it to **the New Tribes Bible Institute Admissions Office, 1210 E. Michigan Ave. Jackson, MI 49201**. Please do not return it to the applicant. Thank you for your cooperation.

1. How long have you known the applicant? _____

2. In what relationship? _____

3. How well do you know the applicant? Not very well Moderately well Very well

4. Are you aware of any instances of mental or emotional illness or difficulty which the applicant or members of the applicant's family have had? If so, please give details. _____

5. To your knowledge, has the applicant ever used narcotics, hallucinogens or drugs not prescribed by a physician? If so, please explain. _____

6. Have you ever had occasion to question the candidate's morals? If so, explain _____

7. What can you tell us about the applicant's home background? (Christian, non-Christian, split home, etc.)

8. What is your estimate of the applicant's success in past schooling? High school, etc.

- Little success May encounter some difficulty
 Average Above average Super

9. Specific recommendation: Recommended Not recommended for this program.
 Prefer not to make recommendation.

10. What do you consider the applicant's strong points? _____

What do you consider the applicant's weak points? _____

Additional comments:

Date _____ Signature _____

Name _____

Address _____

City _____ State/Province _____ Zip _____

May we phone you if additional information is needed? ____ If yes, please give phone # _____

Please return to: New Tribes Bible Institute, Admissions Office
1210 E. Michigan Ave. Jackson, MI 49201

(Additional questions on next page)

	Not Known	Poor	Below Average	Average	Above Average	Excellent
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New Tribes Bible Institute

PHYSICAL EXAMINATION

PLEASE HAVE YOUR PHYSICIAN COMPLETE THE PHYSICAL EXAMINATION

Name _____ Birthplace _____ Sex: M F
 Date of Exam _____ Height _____ In. Weight _____ lbs. B.P. _____ / _____ Pulse _____

CHECK EACH ITEM IN THE APPROPRIATE COLUMN

Note: Describe any abnormality.

Normal?
 YES NO

<input type="checkbox"/>	<input type="checkbox"/>	General appearance
<input type="checkbox"/>	<input type="checkbox"/>	Emotional and mental state
<input type="checkbox"/>	<input type="checkbox"/>	Eyes: Left 20/ _____ Right 20/ _____
<input type="checkbox"/>	<input type="checkbox"/>	E.N.T. and Hearing (grossly)
<input type="checkbox"/>	<input type="checkbox"/>	Teeth
<input type="checkbox"/>	<input type="checkbox"/>	Lymph nodes
<input type="checkbox"/>	<input type="checkbox"/>	Breasts
<input type="checkbox"/>	<input type="checkbox"/>	Chest
<input type="checkbox"/>	<input type="checkbox"/>	Heart S ₁ S ₂ Rhythm Murmurs? Yes No
		Rate after exercise (e.g. 20 step ups) After 2 minute rest
<input type="checkbox"/>	<input type="checkbox"/>	Vascular
<input type="checkbox"/>	<input type="checkbox"/>	Abdomen
<input type="checkbox"/>	<input type="checkbox"/>	Genitals Pelvic done? No Yes
<input type="checkbox"/>	<input type="checkbox"/>	Rectal (if over 35 y.o.) done? No Yes
<input type="checkbox"/>	<input type="checkbox"/>	Musculoskeletal
<input type="checkbox"/>	<input type="checkbox"/>	Neurological
<input type="checkbox"/>	<input type="checkbox"/>	Dermatological
<input type="checkbox"/>	<input type="checkbox"/>	Other findings?

IN YOUR PROFESSIONAL OPINION, IS THE APPLICANT:

YES NO

<input type="checkbox"/>	<input type="checkbox"/>	Mentally and emotionally stable?
<input type="checkbox"/>	<input type="checkbox"/>	Capable of normal school life?
<input type="checkbox"/>	<input type="checkbox"/>	Capable of participation in sports?
<input type="checkbox"/>	<input type="checkbox"/>	Capable of strenuous physical work?
<input type="checkbox"/>	<input type="checkbox"/>	Free of communicable diseases?
<input type="checkbox"/>	<input type="checkbox"/>	ANY LAB WORK ORDERED? If yes, attach reports.
<input type="checkbox"/>	<input type="checkbox"/>	ANY ADDITIONAL COMMENT?

HOW LONG HAVE YOU KNOWN THE APPLICANT? _____

Physician's Signature and Professional Degree _____
 Physician's Printed Name and Address: _____

Please mail completed form and copy of any lab results to: New Tribes Bible Institute, Admissions Department
 1210 E. Michigan Ave.
 Jackson, MI 49201
 Tel. 517-782-9309 Fax. 517-782-1884

**ATTENTION PARENTS: INFORMATION REGARDING THE
TEMPORARY GUARDIANSHIP AND MEDICAL AUTHORIZATION FORM**

Enclosed you will find a “TEMPORARY GUARDIANSHIP AND MEDICAL AUTHORIZATION” form. Because your son/daughter will not have reached the legal age of eighteen by the time of registration at New Tribes Bible Institute, it will be necessary for us to have this consent form on file. This will give us permission to seek medical attention for your son/daughter, should the need arise.

Please complete this form and have it **notarized**. We would appreciate it if you would return it to us as soon as possible. If you have any questions regarding this, please feel free to contact me.

In Christ,

Director of Admissions
New Tribes Bible Institute

TEMPORARY GUARDIANSHIP AND MEDICAL AUTHORIZATION

I (We) _____ do hereby appoint and give permission to New Tribes Bible Institute to act as the temporary legal guardian of the persons of our minor child _____, and to seek any medical treatment necessary as may be required by the circumstances. This temporary Guardianship and Medical Authorization shall become effective on the date as set forth hereinafter and shall continue until the same is hereby revoked, or no later than _____, 20____.

I (We) agree not to hold the above named individual or individuals liable for any cause of action arising from any oversight, care, medical treatment or advice given to my dependent.

I (We) have fully read and understand the contents of this document and do hereby freely and voluntarily execute the same.

Signed this ____ day of _____, 20____.

STATE OF _____)

County of _____)

On this ____ day of _____, in the year 20____, before me appeared _____, Personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is (are) subscribed to this instrument, and acknowledged that he (she) (they) executed the same

WITNESS my hand and official seal.
