

**INSTRUCTION SHEET
FOR PROSPECTIVE STUDENTS OF LONE STAR BAPTIST COLLEGE**

APPLICATION FORM:

Complete the enclosed application and return it to the Admissions Office. Please include a small, good, quality passport photo and the \$30.00 application fee. This should be a check or money order.

HIGH SCHOOL TRANSCRIPT:

For high school **SENIORS**: Give the enclosed Transcript Release Form and Transcript Form to your high school principal or counselor. For high school **GRADUATES**: Send the enclosed forms to your high school and have a completed transcript sent to Lone Star Baptist College promptly. In both cases, transcripts must be sent directly from the high school to Lone Star Baptist College.

PERSONAL REFERENCES:

Take or send a reference form and a business reply envelope to three of your friends or business associates. Each should complete this form and return it to the Admissions Office. You are not to see the information; therefore, it is not to go through your hands again. No references may be received from relatives.

PASTOR'S PERSONAL REFERENCE FORM:

Take the form and a business reply envelope to your pastor. If your father is your pastor, the Pastor's Reference Form should be completed by one of the following: assistant pastor, youth pastor, or the chairman of the board of deacons. He should complete this form and return it to the Admissions Office. You are not to see the information; therefore, it is not to go through your hands again.

MEDICAL HISTORY AND REPORT FORM:

Take the enclosed form to your medical doctor and have him fill out the appropriate section. (You may have the blood test done by another physician or your County Health Department.) You are to complete the top portion and return the medical form to the Admissions Office.

FOR APPLICANTS OF FOUR-YEAR PROGRAMS:

The American College Testing (ACT) scores are required for admission. See your local high school counselor about registering for these tests. We prefer that high school seniors be tested at the first or second testing dates. **The ACT college code for LSBC is 6422. Please indicate this when you take the test so your scores will be sent directly to the Admissions Office.** If you have trouble securing data locally, please write our Admissions Office.

FOR TRANSFER APPLICANTS:

Have official transcripts sent directly to Lone Star Baptist College from the Registrar's Office of each college, university or other school that you have attended since high school. Also have your official high school transcript sent to our office.

ENTRANCE REQUIREMENTS:

Married men must be at least 20 years old by registration day. Married women must be at least 19 years old by registration day. For additional requirements, see the college catalog.

WORK SCHOLARSHIP:

A limited number of Work Scholarships are available to dorm students only. If you would like to apply for a Work Scholarship or to know more about this program, you should write the Work Scholarship Director at the college.

**ALL ITEMS ARE REQUIRED FOR PROPER ADMISSIONS. PAPERWORK MUST BE RECEIVED BY
THE ADMISSIONS OFFICE SIX WEEKS PRIOR TO REGISTRATION DAY.**

Admissions Office
LONE STAR BAPTIST COLLEGE
1729 Gross Road
Mesquite, Texas 75149
(972) 613-7833

NOTICE TO APPLICANT:

In all correspondence with Lone Star Baptist College, please use your full name, address, and zip code.

**INSTRUCTION AND CHECK LIST
FOR PROSPECTIVE STUDENTS APPLYING TO
LONE STAR BAPTIST COLLEGE**

○ APPLICATION FORM:

Complete the enclosed application and return it to the Admission Office.

- Date sent to Lone Star Baptist College: _____

○ PASSPORT PHOTO:

Please attach a small, good, quality passport photo to the application. Check with your local travel agent or photographer. Seniors may use a current wallet size senior picture.

○ APPLICATION FEE - \$30.00:

A check or money order for \$30.00 must accompany the application.

○ HIGH SCHOOL TRANSCRIPT:

For high school **SENIORS**: Give the enclosed Transcript Release Form and Transcript Form to your high school principal or counselor. For high school **GRADUATES**: Send the enclosed forms to your high school and have a completed transcript sent to Lone Star Baptist College promptly. In both cases, transcripts must be sent directly from the high school to Lone Star Baptist College.

- Date given to school: _____

○ PERSONAL REFERENCES:

Take or send a reference form and a business reply envelope to **three** of your friends or business associates. Each should complete this form and return it to the Admissions Office. It would be good to stamp and put the college address on the envelope before you give it to your reference. You are not to see the information; therefore, it is not to go through your hands again. No references may be received from relatives.

- Reference #1: _____
- Reference #2: _____
- Reference #3: _____

○ PASTOR'S PERSONAL REFERENCE FORM:

Take the form and a stamped addressed business reply envelope to your pastor. If your father is your pastor, the Pastor's Reference Form should be completed by one of the following: assistant pastor, youth pastor, or the chairman of the board of deacons. He should complete this form and return it to the Admissions Office. You are not to see the information; therefore, it is not to go through your hands again.

- Date given to Preacher: _____

○ MEDICAL HISTORY AND REPORT FORM:

Make an appointment for a college physical with your doctor. Take the enclosed form to your medical doctor and have him fill out the appropriate section. (You may have the blood test done by another physician or your County Health Department.) You are to complete the top portion and return the medical form to the Admissions Office.

- Appointment Date: _____

o EMERGENCY PERMIT FORM:

This permit is required of every student. For those students under 18 years of age, the person legally responsible must sign for him. This form must be notarized and returned to the Admissions Office.

o FOR APPLICANTS OF FOUR-YEAR PROGRAMS:

The American College Testing (ACT) scores are required for admission. See your local high school counselor about registering for these tests. We prefer that high school seniors be tested at the first or Second testing dates. If you have trouble securing data locally, please write our Admissions Office.

o Test Date: _____

o FOR TRANSFER APPLICANTS:

Have official transcripts sent directly to Lone Star Baptist College from the Registrar's Office of each college, university or other school which you have attended since high school. All have your official high school transcript sent to our office.

o Date college notified: _____

o WORK SCHOLARSHIP:

A limited number of Work Scholarships may be available. If you would like to apply for a Work Scholarship or to know more about this program, you should write the Work Scholarship Director at the college.

ALL ITEMS ARE REQUIRED FOR PROPER ADMISSIONS

LONE STAR BAPTIST COLLEGE

Attention: Admissions Office

1729 Gross Road

Mesquite, Texas 75149

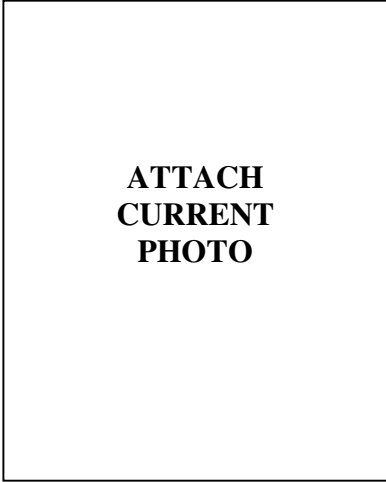
(972) 613-7833

NOTICE TO APPLICANT:

In all correspondence with Lone Star Baptist College, please use your full name, address, and zip code.

**LONE STAR BAPTIST COLLEGE
APPLICATION FOR ADMISSION**

ADMISSIONS OFFICE
LONE STAR BAPTIST COLLEGE
1729 Gross Road
Mesquite, Texas 75149
(972) 613-7833



Official Use Only

Date App Rec'd _____
App Fee Paid _____
References _____
Med. Form _____
Emerg. Permit _____
H.S. Transcript _____
ACT Scores _____
Coll. Transcript _____
V.A. Benefits _____
Dorm Fee Paid _____
Approved _____

GENERAL INFORMATION

Please complete all information legibly and clearly

Anticipated date of entrance _____ Fall _____ Spring _____ Summer of _____ Date of Application submitted _____

Name _____
(First) (Middle) (Last) (Maiden)

Address _____

City _____ State _____ Zip _____

Phone (_____) _____ Date of Birth _____ Age _____
Area Code

Social Security Number _____ Sex _____ I am: Deaf _____ Hearing _____

Have you ever applied to Lone Star Baptist College before? _____ When? _____

Are you presently married? _____

Will you be living on campus? _____ If yes, will you have an automobile on campus? _____

Name and address of parents or guardians _____

Name and address of the church that you attend _____ Church phone (_____) _____
Area Code

Name of Pastor _____ Pastor's home phone (_____) _____
Area Code

How long have you been saved? _____

What practical Christian experience do you have? _____

PERSONAL INFORMATION

Place of Birth _____
City County State

Are you a citizen of the U.S.A.? _____

If no, what country? _____

If no, do you have a resident alien card? _____

If no, are you applying for a student visa? _____

Marital status: Single _____ Married _____ Divorced _____ Separated _____ Annulment _____ Widow(er) _____

If married, name of spouse _____

Have you ever been divorced or had a marriage annulled? _____ If yes, please enclose a statement concerning the circumstances.

Do you have any children? _____ If yes, please list number of children _____

What is the general condition of your health? _____

Do you use tobacco? _____ Have you ever? _____ If so, when did you last use it? _____

Do you drink alcoholic beverages? _____ Have you ever? _____ If so, when did you last drink? _____

Do you attend movies? _____ Have you ever? _____ If so, when did you last attend? _____

Do you attend dances? _____ Have you ever? _____ If so, when did you last attend? _____

Have you ever used drugs? _____ If yes, how long were you on drugs? _____ When did you last use them? _____

Are there any side effects? _____

Have you ever sold drugs? _____ If yes, how long did you sell? _____ When was the last time you sold drugs? _____

Do you have a court record? _____ If yes, please enclose a statement concerning offenses and dates.

Have you ever sought psychiatric counsel? _____ If yes, please enclose a statement concerning circumstances, dates, and medications given.

Is there anything in your past life about which we should know? _____

What is your present occupation? _____ Business phone (____) _____
Area Code

What is your father's occupation? _____ Business phone (____) _____
Area Code

What is your mother's occupation? _____ Business phone (____) _____
Area Code

Are you prepared to handle your first year's expenses? _____

Are you in debt? If so, how much? _____

Are you eligible to receive V.A. benefits? _____

EDUCATIONAL INFORMATION

Name of High School _____

City/State _____ Phone (____) _____ Date of Graduations _____
Area Code

If not graduated, years attended _____ Have you earned a G.E.D. _____

Was any of your high school work completed through home schooling? _____ If yes, which years? _____

If yes, which home-schooling program was used? _____

If home schooled, who will issue your diploma? (please list name of school or parents) _____

Have you taken the ACT? _____ Have your ACT scores been sent to us? _____

List any colleges previously attended:

Name	Address	Dates Attended
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are you seeking admission to any other college? _____

Have you ever been denied admission to an institute of learning on a high school or collegiate level? _____

If yes, give name of school, dates and reason: _____

How did you first hear of Lone Star Baptist College? _____

What prompted you to apply to Lone Star Baptist College? _____

What plans do you have after graduating from Lone Star Baptist College? _____

COURSE OF STUDY (Please **check one** box to indicate the course of study you plan to take.)

- | | | |
|---|---|---|
| <input type="checkbox"/> Pastoral Theology | <input type="checkbox"/> Elementary Education | <input type="checkbox"/> General Studies |
| <input type="checkbox"/> Missions | <input type="checkbox"/> Secondary Education | <input type="checkbox"/> Two-year Secretarial |
| <input type="checkbox"/> Pastoral Assistant Major | <input type="checkbox"/> Primary Education | <input type="checkbox"/> Bible School |

Salvation and God's Call for Your Life

Please write a short resume on this page about your salvation experience, your reasons for attending Lone Star Baptist College, and your call of service.

I hereby certify that this application is true and complete with no omissions in any area. I also understand that any untrue statement will make me subject to immediate dismissal from Lone Star Baptist College. Upon matriculation I agree to comply with the doctrines, rules, regulations, and financial obligations of the institution and to maintain standards of conduct in accordance with the aims and objectives of Lone Star Baptist College.

Your Signature _____ Date _____

LONE STAR BAPTIST COLLEGE

Office of Admissions and Records
1729 Gross Road
Mesquite, Texas 75149
(972) 613-7833

MEDICAL HISTORY FORM

Name _____
Address _____
City _____ State _____ Zip _____
Marital Status _____ Age _____ Sex _____ Race _____
Occupation _____
Do you intend to enroll - Part-time? _____ Full-time? _____
Do you intend to live in the dormitories? _____

THIS TO BE COMPLETED BY STUDENT

(Required of everyone)

STUDENT HISTORY

(Circle those you have had)

- | | | | | |
|---------------------------|-----------------|----------------------|--|--------------------|
| Drug Flashbacks | Mumps | Frequent Tonsillitis | Diabetes | Anemia |
| Sinus Disease | Epilepsy | Frequent Chest Colds | Measles | Thyroid Disease |
| Diphtheria | Rheumatic Fever | Chicken Pox | Fainting Attacks | Frequent Headaches |
| Arthritis | Pleurisy | Whooping Cough | Scarlet Fever | Typhoid Fever |
| Venereal Disease | Allergies | Frequent Head Colds | Kidney / Bladder Disease | AIDS |
| Pneumonia | Jaundice | High Blood Pressure | Trouble with Eyes | Liver Disease |
| Low Blood Pressure | Heart Disease | Malaria | Tuberculosis | Asthma |
| Service with USA Overseas | | | Weight Loss of Over 10 Pounds During Last Year | |

FAMILY HISTORY

(Parents, grandparents, brothers, and sisters)

- | | | | | |
|-----------|------------------|---------------------|----------------|----------|
| Allergy | Venereal Disease | Mental Disease | Brain Tumors | Diabetes |
| Arthritis | Epilepsy | Cancer | Tuberculosis | Leukemia |
| | Heart Disease | High Blood Pressure | Kidney Disease | |

History of Injuries: If any, give short account. In none, indicate "none."

History of Operations: If any, what? If none, indicate "none."

List any medications you take regularly:

Have you ever sought psychiatric counsel? _____ Yes _____ No

If yes, please explain in a separate letter, including the circumstances and the medication -which was given.

LONE STAR BAPTIST COLLEGE

Office of Admissions and Records
1729 Gross Road
Mesquite, Texas 75149
(972) 613-7833

MEDICAL REPORT FORM

Name _____
Address _____
City _____ State _____ Zip _____

THIS TO BE COMPLETED BY YOUR PHYSICIAN

Not to be completed more than one year prior to enrollment

Date _____

Height _____ Weight _____ Blood Pressure _____

Temperature _____ Pulse _____

Vision without glasses: Right _____ / _____ Left _____ / _____

Vision with glasses: Right _____ / _____ Left _____ / _____

E.E.N.T.

Heart _____ Extremities _____

Lungs _____ Reflexes _____

Abdomen _____ Genitals (males only) _____

Urine: Sugar _____ Albumin _____ Microscopic _____

TB Tine _____ Chest X-ray, if positive _____

The following blood tests **MUST** be completed: VDRL _____ CBC _____

Does this person seem physically capable of being enrolled in school? _____ Yes _____ No

List any limitations

Physician _____

Address _____

City _____ State _____ Zip _____

CONFIDENTIAL
PASTOR'S PERSONAL REFERENCE FORM
LONE STAR BAPTIST COLLEGE
1729 Gross Road
Mesquite, Texas 75149
(972) 613-7833

THIS AREA TO BE COMPLETED BY APPLICANT

APPLICANT'S NAME _____ Age _____
 Address _____
 City _____ State _____ Zip _____

CHRISTIAN CHARACTER	Excellent _____	Good _____	Average _____	Poor _____	Unknown _____
DEPENDABILITY	Excellent _____	Good _____	Average _____	Poor _____	Unknown _____
COOPERATION	Excellent _____	Good _____	Average _____	Poor _____	Unknown _____
GENERAL INTELLIGENCE	Excellent _____	Good _____	Average _____	Poor _____	Unknown _____
ABILITY TO GET ALONG WITH OTHERS	Excellent _____	Good _____	Average _____	Poor _____	Unknown _____

IN CONSIDERING THIS APPLICANT, WOULD YOU RECOMMEND HIM?
 YES, WITH ENTHUSIASM _____ YES _____ YES, WITH CAUTION _____ NO _____

HOW LONG HAVE YOU KNOWN THE APPLICANT? _____ DOES APPLICANT PAY HIS BILLS ON TIME? _____

WOULD YOU HIRE THIS APPLICANT TO WORK FOR YOU? _____ YES _____ NO

EXPLAIN _____

IS THIS APPLICANT THE KIND OF PERSON WITH WHOM YOU WOULD WANT YOUR SON OR DAUGHTER TO BE
 CLOSE FRIENDS? _____ YES _____ NO IF NO, EXPLAIN. _____

IS THE APPLICANT FAITHFUL TO ALL PUBLIC SERVICES? _____ IS THE APPLICANT A FAITHFUL TITHER? _____

DO YOU HAVE A TEEN SOUL-WINNING PROGRAM? _____ DOES APPLICANT ATTEND FAITHFULLY? _____

IF NOT A TEENAGER, DOES APPLICANT ATTEND AN ADULT SOUL-WINNING PROGRAM FAITHFULLY? _____

LIST ACTIVITIES THE APPLICANT IS INVOLVED IN AT YOUR CHURCH: (i.e.. Bus Ministry, mow grass, Children's Church, clean church, etc.) _____

TO WHAT EXTENT DOES THE APPLICANT FOLLOW YOUR ADVICE? _____ COMPLETELY, WITHOUT QUESTION;
 _____ COMPLETELY, WITH QUESTION, _____ FOR THE MOST PART, _____ SELDOM.

PLEASE LIST ANY SIGNIFICANT FACTORS IN APPLICANT'S BACKGROUND WHICH WE NEED TO KNOW _____

PASTOR'S NAME AND CHURCH'S NAME (Please Print) _____

SIGNATURE _____ DATE _____

ADDRESS _____
 (STREET) (CITY) (STATE) (ZIP)

NOTE: Send this form directly to the school. Do not return to the applicant!

CONFIDENTIAL
PERSONAL REFERENCE FORM
LONE STAR BAPTIST COLLEGE
1729 Gross Road
Mesquite, Texas 75149
(972) 613-7833

THIS AREA TO BE COMPLETED BY APPLICANT

APPLICANT'S NAME _____ Age _____

Address _____

City _____ State _____ Zip _____

CHRISTIAN CHARACTER	Excellent _____	Good _____	Average _____	Poor _____	Unknown _____
DEPENDABILITY	Excellent _____	Good _____	Average _____	Poor _____	Unknown _____
COOPERATION	Excellent _____	Good _____	Average _____	Poor _____	Unknown _____
GENERAL INTELLIGENCE	Excellent _____	Good _____	Average _____	Poor _____	Unknown _____
ABILITY TO GET ALONG WITH OTHERS	Excellent _____	Good _____	Average _____	Poor _____	Unknown _____

IN CONSIDERING THIS APPLICANT, WOULD YOU RECOMMEND HIM?

YES, WITH ENTHUSIASM _____ YES _____ YES, WITH CAUTION _____ NO _____

HOW LONG HAVE YOU KNOWN THE APPLICANT? _____

DOES APPLICANT PAY HIS BILLS ON TIME? _____

WOULD YOU HIRE THIS APPLICANT TO WORK FOR YOU? _____ YES _____ NO

EXPLAIN _____

IS THIS APPLICANT THE KIND OF PERSON WITH WHOM YOU WOULD WANT YOUR SON OR DAUGHTER TO BE

CLOSE FRIENDS? _____ YES _____ NO IF NO, EXPLAIN. _____

LIST ANY PHYSICAL HANDICAPS OR DEFECTS. _____

PLEASE LIST ANY SIGNIFICANT FACTORS IN APPLICANT'S BACKGROUND WHICH WE NEED TO KNOW

NAME OF REFERENCE (Please Print) _____

SIGNATURE _____ DATE _____

YOUR RELATIONSHIP TO APPLICANT _____

ADDRESS _____

(STREET)

(CITY)

(STATE)

(ZIP)

NOTE: Send this form directly to the school. Do not return to the applicant!

CONFIDENTIAL
PERSONAL REFERENCE FORM
LONE STAR BAPTIST COLLEGE
1729 Gross Road
Mesquite, Texas 75149
(972) 613-7833

THIS AREA TO BE COMPLETED BY APPLICANT

APPLICANT'S NAME _____ Age _____

Address _____

City _____ State _____ Zip _____

CHRISTIAN CHARACTER	Excellent _____	Good _____	Average _____	Poor _____	Unknown _____
DEPENDABILITY	Excellent _____	Good _____	Average _____	Poor _____	Unknown _____
COOPERATION	Excellent _____	Good _____	Average _____	Poor _____	Unknown _____
GENERAL INTELLIGENCE	Excellent _____	Good _____	Average _____	Poor _____	Unknown _____
ABILITY TO GET ALONG WITH OTHERS	Excellent _____	Good _____	Average _____	Poor _____	Unknown _____

IN CONSIDERING THIS APPLICANT, WOULD YOU RECOMMEND HIM?

YES, WITH ENTHUSIASM _____ YES _____ YES, WITH CAUTION _____ NO _____

HOW LONG HAVE YOU KNOWN THE APPLICANT? _____

DOES APPLICANT PAY HIS BILLS ON TIME? _____

WOULD YOU HIRE THIS APPLICANT TO WORK FOR YOU? _____ YES _____ NO

EXPLAIN _____

IS THIS APPLICANT THE KIND OF PERSON WITH WHOM YOU WOULD WANT YOUR SON OR DAUGHTER TO BE

CLOSE FRIENDS? _____ YES _____ NO IF NO, EXPLAIN. _____

LIST ANY PHYSICAL HANDICAPS OR DEFECTS. _____

PLEASE LIST ANY SIGNIFICANT FACTORS IN APPLICANT'S BACKGROUND WHICH WE NEED TO KNOW _____

NAME OF REFERENCE (Please Print) _____

SIGNATURE _____ DATE _____

YOUR RELATIONSHIP TO APPLICANT _____

ADDRESS _____
(STREET) (CITY) (STATE) (ZIP)

NOTE: Send this form directly to the school. Do not return to the applicant!

CONFIDENTIAL
PERSONAL REFERENCE FORM
LONE STAR BAPTIST COLLEGE
1729 Gross Road
Mesquite, Texas 75149
(972) 613-7833

THIS AREA TO BE COMPLETED BY APPLICANT

APPLICANT'S NAME _____ Age _____

Address _____

City _____ State _____ Zip _____

CHRISTIAN CHARACTER	Excellent _____	Good _____	Average _____	Poor _____	Unknown _____
DEPENDABILITY	Excellent _____	Good _____	Average _____	Poor _____	Unknown _____
COOPERATION	Excellent _____	Good _____	Average _____	Poor _____	Unknown _____
GENERAL INTELLIGENCE	Excellent _____	Good _____	Average _____	Poor _____	Unknown _____
ABILITY TO GET ALONG WITH OTHERS	Excellent _____	Good _____	Average _____	Poor _____	Unknown _____

IN CONSIDERING THIS APPLICANT, WOULD YOU RECOMMEND HIM?

YES, WITH ENTHUSIASM _____ YES _____ YES, WITH CAUTION _____ NO _____

HOW LONG HAVE YOU KNOWN THE APPLICANT? _____

DOES APPLICANT PAY HIS BILLS ON TIME? _____

WOULD YOU HIRE THIS APPLICANT TO WORK FOR YOU? _____ YES _____ NO

EXPLAIN _____

IS THIS APPLICANT THE KIND OF PERSON WITH WHOM YOU WOULD WANT YOUR SON OR DAUGHTER TO BE

CLOSE FRIENDS? _____ YES _____ NO IF NO, EXPLAIN. _____

LIST ANY PHYSICAL HANDICAPS OR DEFECTS. _____

PLEASE LIST ANY SIGNIFICANT FACTORS IN APPLICANT'S BACKGROUND WHICH WE NEED TO KNOW _____

NAME OF REFERENCE (Please Print) _____

SIGNATURE _____ DATE _____

YOUR RELATIONSHIP TO APPLICANT _____

ADDRESS _____
(STREET) (CITY) (STATE) (ZIP)

NOTE: Send this form directly to the school. Do not return to the applicant!

TRANSCRIPT RELEASE FORM

The following student has applied to Lone Star Baptist College for the _____ Fall _____
Spring _____ Summer of 20____. They are requesting that their _____ college transcript _____ high school transcript be sent to the Admissions Office at Lone Star Baptist College.

PERSONAL INFORMATION

(to be completed by student only)

Name: _____
(Last) (First) (Middle/Maiden)

Address: _____

Social Security # _____ Birthdate: _____

Graduation Date: _____ Semester/Year last attended: _____

Name at time of enrollment if different from above: _____

*** Please return the **PERSONAL INFORMATION** (given above) with the transcript that will be sent to Lone Star Baptist College

I grant permission and make request for my school, _____
to send my academic transcript and personal records to:

**Lone Star Baptist College
Admissions Office
1729 Gross Road
Mesquite, Texas 75149**

Please include A.C.T., I.Q., and other standardized test scores, if available.

Student's Signature: _____

Parent's Signature: _____
(Required if the student is under 18 years of age)

*** This portion of the form may be retained for school records if desired.

******* SPECIAL NOTE TO HIGH SCHOOLS *******

If this student is currently a high school senior, please send us a partial transcript of his first seven semesters. Upon the student's graduation, please send the transcript of his final semester so that we will have a COMPLETE transcript on file. The transcript must include the student's date of graduation and total number of units of credits to be considered final. Please include the official school seal/signature.

If you have any questions, please call our Admissions Office at (972) 613-7833.

Thank you for your help!

LONE STAR BAPTIST COLLEGE

1729 Gross Road
Mesquite, Texas 75149
(972) 613-7833

EMERGENCY PERMIT FORM

Student's Name: _____

In the event that an emergency should arise, I hereby give Lone Star Baptist College permission to authorize emergency anesthesia, surgery, and/or procedures deemed necessary.

(This permit is required of every student. For those students under 18 years of age, the person legally responsible must sign for him.)

Date _____

Signature Relationship

Address

City State Zip

Area Code Phone Number

As prescribed and sworn to before me this the _____ day of _____
20_____.

Notary Public