

Institute Registration for Continuing Students

Options for institute registration: (1) complete this form or (2) register online at institute. ChurchofJesus Christ.org.

Student Information Please print clearly.					
Name (first, middle, last)					
Preferred name	Preferred language		Church mem	bership number (if available)	
Date of birth (day, month, year)	Gender □ Male □ Female		Religion	Other	
Mailing address	City	State or provi	ince	Postal code Country	/
Phone ☐ Home ☐ Mobile		May we text you? □ Yes □ No		Text message country	
Email address		Preferred method of communication ☐ Email ☐ Text ☐ Do not contact			
Current ward or branch	Current stake or district		School attend	ding (if applicable)	
Institute Class Registration					
Course and section	Teacher		Day(s) and tir	ne of class	
Course and section	Teacher		Day(s) and tir	me of class	
Course and section	Teacher		Day(s) and tir	me of class	
Student Signature					
Student signature				Date	