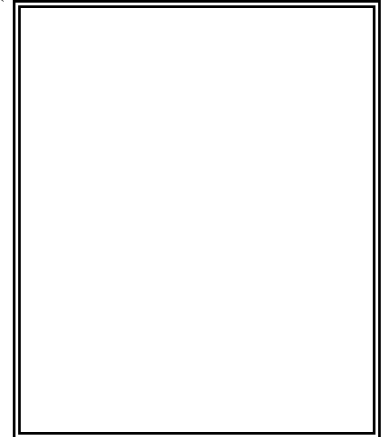


**ACC School of Supernatural Ministry
for Returning Students**

PHOTO OF YOU
(attach a 2x2" photo of yourself here)



Location of class applying for: _____

First Name: _____

Middle Name: _____

Last Name: _____

Email Address: _____

Phone Number: _____

Address: _____

City: _____

State: _____ Zip / Postal Code: _____

Country: _____

Check if above information has changed from last application

School Year completed: 1st 2nd 3rd

Name of church currently attending: _____

If this is different from last school year, please state the reason for leaving:

A ***non-refundable*** application fee of **\$25** must accompany this form. Applications *will not* be accepted without payment.

Please send completed form with application fee to:

Athens Christian Center (ACC) PO Box 142 Athens, MI 49011