



Dr. Aaron L. Parker, Pastor  
6175 Campbellton Rd. Atlanta, GA 30331  
(404) 691-8025 www.zionhill.org

# rites of passage program

## KENTAKE & ADIGUN NKOSI

*"faithfully preparing youth for young adulthood"*

## APPLICATION FORM

DATE: \_\_\_\_\_

**Please Print**

### APPLICANT INFORMATION

FIRST NAME	MIDDLE NAME	LAST NAME
DATE OF BIRTH (mm/dd/yyyy)	STREET ADDRESS	
GENDER <input type="checkbox"/> Female <input type="checkbox"/> Male	CITY	STATE ZIP CODE
HOME PHONE	CELL PHONE	EMAIL ADDRESS
CHURCH AFFILIATION		
HAVE YOU EVER PARTICIPATED IN A RITES OF PASSAGE PROGRAM? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please provide the following:		
PROGRAM NAME:	LOCATION:	DATE ATTENDED:

### PARENT/GUARDIAN INFORMATION

FIRST NAME	MIDDLE NAME	LAST NAME
RELATIONSHIP TO APPLICANT? <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other : _____	STREET ADDRESS	
	CITY:	STATE: ZIP CODE
HOME PHONE	CELL PHONE	EMAIL ADDRESS

### EMERGENCY CONTACT (Other than Parent/Guardian)

FIRST NAME	MIDDLE NAME	LAST NAME
RELATIONSHIP TO APPLICANT? <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other : _____	STREET ADDRESS	
	CITY	STATE ZIP CODE
HOME PHONE	CELL PHONE	EMAIL ADDRESS

**\*\*\* Please return completed form to the church office \*\*\***

### OFFICE USE ONLY

Form received by: \_\_\_\_\_ Date: \_\_\_\_\_