



Last Name:	First Name: Middle Initial:
Date of Birth (month/day/year)://	Social Security # :
Phone: ( ) Cell Phone: (	)
Permanent Legal Address:	Mailing Address (If Different):
Address:	Address:
City:	City:
State: Zip Code:	State: Zip Code:
I plan to enroll at Bay Path College in January	y 2014 as a:
*If paying by check, please make payable to Bay Path	College
☐ Resident student. ☐ Enclosed is m	ny \$300.00 deposit   Submitted online through PayPal
☐ Commuter student. ☐ Enclosed is m	y \$200.00 deposit 🗆 Submitted online through PayPal
I do not plan to attend Bay Path College at th	nis time.
☐ I will be enrolling in the military	
☐ I am not enrolling in college at this time	
☐ Bay Path College is not my first choice s	chool. I will be enrolling at:
	ou might consider enrolling: September 20   □ January 20
	name and address of the individual(s) who should receive all ne other than yourself). Each name listed may be contacted.
Name(s):	Best time to contact: □ Day □ Evening
Address:	City: State: Zip Code:
Phone: ( ) E-mail:	
Parent/Guardian Signature:	Date:
in accordance with Bay Path College policy. I f	arges for tuition and fees are my responsibility and must be paid further agree to abide by all rules of Bay Path College. I also agree ture in any college literature or publications. I fully understand em.
Student Signature:	Date:
	ollege Use Only

I hereby acknowledge and accept payment of \$\_\_\_\_\_ in the form of \_\_\_\_\_ Date: \_\_\_\_

Admission Representative: \_\_\_\_\_