



School of *Spiritual Science* Registration Application

P L E A S E P R I N T .

Name _____

Address _____

City, State _____ Zip _____

Phone (Day) _____ (Evening) _____ Email _____

I am a high school graduate or have a GED

I wish to enroll as a new student I am a returning/transfer student enrolling in SS _____

I am enclosing: Full \$600 tuition payment for 18-week semester (excludes books & fees) [Tuition plan available]

\$100 non-refundable semester deposit

How did you hear about the School of Spiritual Science?

Please state your purpose for enrolling in this course. (Attach additional sheet, if needed)

Describe your previous metaphysical/esoteric studies. (Attach additional sheet, if needed)

Make check payable to **National Spiritual Science Center** and bring or mail to:
School of Spiritual Science,, 1325 Fern St., NW, Washington, DC 20012.
(1325 Fern Street is located between Georgia and Alaska Aves., NW, near Walter Reed Hospital)
For more information visit www.nsscdc.org or call 202.723.4510