



**P O BOX 2201-01000 Thika  
Tel 0715 603 362/0723 560 867**

### **ENROLMENT FORM**

#### **SECTION A: STUDENT PERSONAL DETAILS**

Name: Surname.....First.....Middle.....  
Date of Birth (month/year).....National ID NO.....TEL.....  
E-mail.....Nationality.....County.....religion.....

#### **SECTION B: PARENT/GURDIAN DETAILS**

Name: Surname.....First.....Middle.....  
Address .....TEL.....County.....occupation.....

#### **SECTION C: ACADEMIC DETAILS**

Academic Level.....Grade .....Name of School.....

#### ***Other Academic Qualifications.***

College /Institution.....Course.....Duration.....  
Other College /institution.....Course.....Duration.....

#### **SECTION D: MODE OF STUDY**

Course Applied For.....Duration.....  
Starting Date.....Finishing Date.....  
Registration No ...../...../.....  
Full time ..... Part time.....

#### **SECTION E: MEDICAL HISTORY**

Do you have any special health condition **YES**.....**NO** .....

If YES Specify.....

#### **RECOMMENDATION**

Student's Signature.....Date.....  
Registrar's name.....Signature.....Date.....  
Administrator's name.....Signature.....Date.....

Hostel.....