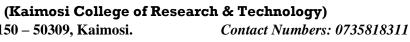
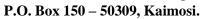
FRIENDS COLLEGE KAIMOSI









0704686363

REGISTRATION/APPLICATION FORM

		Date:	
SECTION A: PERSONAL DETAILS			
NAME:	(As it appears on KCSE Certificate) Gender:		
ID No: Year of Birth	n:Bii	rth Certificate No:	
Date of Admission:	Adm No:		
Course:			
SECTION B: EDUCATION DETAILS			
Last TVET program attended (if any):			
KCSE Index No.:	Mean Grade:	Year:	
KCPE Index No:		Year:	
Contact Address:			
Mobile No:	Email:		
County:	Sub-County:		
Location:	Sub-Location:		
SECTION C: BOARDING DETAILS:			
(Fill this section only after you have confirmed yo Do you have any Special Needs? Yes No		Day scholar:	
SECTION D: PARENT/GUARDIAN/SPONSO	OR DETAILS (Fill appro	ppriately)	
Father's Name:		ID No:	
Is he alive? Yes No	Address:		
Mobile No: Occ	upation:		

Mother's Name:	ID No:			
Is he alive? Yes No Addre	ess:			
Mobile No: Occupation:				
(If a/both parent(s) is/are not alive, provide copies of death certificate(s))				
Guardian's Name:Occupation:				
Mobile No: Address:				
Sponsor's Name:				
Tel No: Email:				
I have attached the following:				
 Two (2) coloured passport size photographs Photocopies of (a) Leaving Certificate (b) ID (c) Birth Certificate (d) KCPE Certificate/Result Slip (e) KCSE Certificate/Result Slip (f) Lower level/previous TVET Certificate where 	applicable.			
Trainee's Signature:	Date: `			
	. – – – – –			
FOR OFFICIAL USE ONLY				
I certify that I have received the above documents from the trainee.				
Checked and Verified by:	Sign:	Date:		
DATA KEYED IN THE ABN				
Name:	Signature:	Date:		
Bauas				
Clerkson Barasa				

PRINCIPAL/SECRETARY – BOG