



REGISTRATION FORM

NAME GENDER
 DATE OF BIRTH ID/PASSPORT NUMBER
 CITIZENSHIP COUNTRY OF RESIDENCE
 COUNTY OF RESIDENCE POSTAL ADDRESS
 RESIDENTIAL ADDRESS
 PRIMARY CONTACT ALT PHONE CONTACT
 EMAIL ADDRESS
 HIGHEST LEVEL OF EDUCATION
 KCSE MEAN GRADE

GUARDIAN/PARENT/NEXT OF KIN INFORMATION

NAME
 RELATIONSHIP PASSPORT/ID NUMBER
 CITIZENSHIP COUNTRY OF RESIDENCE
 COUNTY OF RESIDENCE POSTAL ADDRESS
 RESIDENTIAL ADDRESS
 PRIMARY PHONE CONTACT ALT PHONE CONTACT
 EMAIL ADDRESS
 EMPLOYER / BUSSINESS

COURSE INFORMATION

COURSE REGISTERING FOR

PPL CPL RENEWAL CONVERSION

I DECLARE THAT ALL THE INFORMATION ABOVE IS TRUE AND FACTUAL

STUDENT NAME.....SIGN.....DATE.....

PARENT/NEXT OF KIN/SPONSOR:NAME.....SIGN.....DATE.....