D - TECH TRAINING COLLEGE

P.O. Box 258-00100, Nairobi Kenya | Cell: +254 702 558 479

STUDENT REGISTRATION FORM

Date:.....

SECTION A: PERSONAL DETAILS

NAME: _____ *(As it appears on KCSE Certificate)* Gender : _____

ID No: _____ Year of Birth: _____ Birth Certificate No: _____

Date of Admission: _____ Adm No: _____

Course:_____ Duration_____

SECTION B: EDUCATION DETAILS

KCSE Index No.:_____ Mean Grade: _____ Year: _____

KCPE Index No: _____ Year: _____

Contact Address: _____

Mobile No: _____ Email: _____

County: _____ Sub-County: _____

Location: _____ Sub-Location: _____

_____

SECTION C: PARENT/GUARDIAN/SPONSOR DETAILS (*Fill appropriately*)

Father's Name: _____ ID No: _____

Is he alive? Yes ☐ No ☐ Address: _____

Mobile No: _____ Occupation: _____

Mother's Name: _____ ID No: _____

Is he alive? Yes ☐ No ☐ Address: _____

Mobile No: _____ Occupation: _____

Guardian's Name: _____ Occupation: _____

Mobile No: _____ Address: _____

Sponsor's Name: _____

Tel No: _____ Email: _____

I have attached the following:

1 Two (2) coloured passport size photographs
2 Photocopies of
   (a) Leaving Certificate
   (b) ID
   (c) Birth Certificate
   (d) KCPE Certificate/Result Slip
   (e) KCSE Certificate/Result Slip

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: _____

Name: _____ Signature: _____ Date: _____

Didmo Wesonga

COLLEGE DIRECTOR