STUDENT'S PERSONAL DETAILS

Name: __________________________ _____________________
Surname            Other Names

Admission Number __________________________________________

School Admitted into ________________________________________

Course Admitted for ________________________________________

NOTE:

(i) Complete 4 (four) copies of this form in Capital Letters. Attach to each form a COLOURED passport size photograph taken in one shot.

(ii) The names appearing in this form should be the same as those with which you were registered for K.C.S.E/Official names on your certificates.

(iii) Information provided will be used for purposes of assisting the student where ever need arises. The information therefore should be true and correct.

1. Date of Birth _____________________     ____________________       _____________
    Day    Month         Year

2. Gender      Male            Female  (Tick as appropriate)
3. Marital Status: Married Single (Tick as appropriate)

4. Name and address of spouse if married.

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

5. Place of Birth: Village _______________________ Location ________________________
Sub-County _______________________ Name of Chief _______________________
Nearest Police Station: ________________________________________________________

6. Nationality: ________________________________________________________________

7. Address for correspondence

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

Telephone _______________________ Fax _______________ Email __________________

8. Full names and phone number of Mother

___________________________________________________________________________
___________________________________________________________________________

9. Is Mother alive or deceased? ________________________________________________

10. Full names and phone number of father_______________________________________

11. Is father alive or deceased? ________________________________________________

12. Full names of Guardian and phone number (If either mother or father is deceased)

___________________________________________________________________________

13. Occupation of:
   (a) Mother ______________________________________________________________
   (b) Father _______________________________________________________________
   (c) Guardian is neither 1 (13a or 13b)

14. Names, addresses and phone numbers of Brother(s) and Sister(s)

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

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15. Give names, address and telephone number of two people who can be contacted in case of emergency:

   (i) Name _____________________________ Relationship ______________________
       Address ___________________________ Telephone _____________________

   (ii) Name _____________________________ Relationship ______________________
       Address ___________________________ Telephone _____________________

16. Name, address of the last school attended, and year of Examination:

       _______________________________________________________________________
       _______________________________________________________________________
       _______________________________________________________________________

17. Index Number _________________________________ Mean Grade ______________
        Year of Study __________________________________

18. Subject      Grade
       _______________________________________________________________________
       _______________________________________________________________________
       _______________________________________________________________________
       _______________________________________________________________________
       _______________________________________________________________________
       _______________________________________________________________________
       _______________________________________________________________________
       _______________________________________________________________________
       _______________________________________________________________________
       _______________________________________________________________________
       _______________________________________________________________________

19. Do you suffer from any physically impairment?    Yes/No
       If yes give details._______________________________________________________

20. Games/Sports: Which games and sports do you participate in?

       01 Soccer       02 Hockey       03 Basketball       04 Netball
       05 Tennis      06 Badminton    07 Rugby           08 Volleyball
       09 Athletics   10 Music        11 Table Tennis    12 Dates
       13 Indoor Games 14 Martial Arts 15 Others
If you represented your School, etc. in games, please give details.
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

21. Clubs/Societies: Which clubs and societies are you interested in? Please give details of your participation.
   a. First choice
   b. Second choice
   c. Third choice

22. Do you participate in Music? Yes/No. If so, at what level?
   (a) School choir
   (b) Church choir
   (c) Personal level
   (d) Any other

23. Provide additional information you think is useful to the University.
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

I certify that the information provided here is correct.

Signature: ______________________ ID/No. __________________ Date: ________________