

St. Kizito VTI - Vocational Training Institute

PO Box 759 - 00618 RUARAKA - NAIROBI – KENYA
PIN No. PO51097616A (ARCH-DIOCESE OF NAIROBI) - Registration No. MOEST/PC/886/04

Headquarters: Githurai-Kimbo, Tel. 020-2518188 , Tel & Fax. 020-2103935 Mobile: 0724-238716

Branch: Roysambu (Kasarani Roundabout), Tel & Fax. 020-2196799 Mobile: 0724-253547

E-mail: stk.githurai@gmail.com, Website: www.stkizito.com

APPLICATION FORM

All information given will be treated in the strictest confidence -- please complete the form using a Blue pen

COURSE APPLIED FOR:
STUDENT'S INFORMATION
STUDENT'S SURNAME:FIRST NAME:OTHER:
MALE: [] FEMALE: [] NATIONAL ID NO:PIN NO:
DATE OF BIRTH: / / PLACE OF BIRTH:
MOBILE NO:WHATSAPP NO:
EMAIL ADDRESS:
TOWN OF RESIDENCE:COUNTY:
POSTAL ADDRESS:CODE:
When did you finish School (Year)?
Name of High School attended
Name of Primary School attended
Which grade/Marks did you obtain in your highest level of education?
What is your religion? Denomination
How did you get to know about St. Kizito Vocational Training Institute?
By (tick): □Radio, □Newspaper, □Church, □Announcement, □Friends □ others (specify)
Attached DOCUMENTS (Tick):
 □ PHOTO PASSPORT SIZE □ CERTIFICATE OF SECONDARY EDUCATION (KCSE) □ ID PHOTOCOPY □ SCHOOL LEAVING CERTIFICATE □ BIRTH CERTIFICATE □ OTHERS (Specify)

Form issued on 4/12/2020

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PARENTS' OR GUARDIAN'S INFORMATION Marital Status: ☐ Married ☐ Divorced/Separated ☐ Never Married ☐ Widowed (If Widowed attach death certificate). No. of dependents____ Father Mother Guardian/Sponsor Name: Name: Name: I.D No. I.D No. I.D No. Mobile/Tel No. Mobile/Tel No. Do you have any medical conditions? (If yes, state which) Have you done any course before? Yes No If yes, which? If admitted in our Institution, who will be paying your school fees? (Tick) **Parents** Guardian **Sponsor** Give Name and contact of Sponsor_____ Self - Sponsored

Recommendation (2)

Priest/Pastor/Kadhi: This is to certify that St. Kizito VTI applicant is a member of Church/Mosque. Name of the Priest/Pastor/Kadhi: Character Please comment on the student's character and talents: I, _____certify that all the information provided above is correct. Official stamp_____ Date: _____ **DECLARATIONS by STUDENT and PARENT/GUARDIAN** 1. I hereby declare that ALL the information provided in this application form are correct and complete. 2. I hereby acknowledge that if **ANY** of the information provided in this application form are found to be incomplete and/or incorrect, my application will be disqualified and support discontinued. Student signature: Parent/guardian signature:_____ Date:

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