

STUDENT APPLICATION FORM

STUDENT NAME		ID No :				
		Date :				
COURSE APPLIED FOR	R :					
Basic life Support		IELTS	S Revision Programme	Kiswahili Classe		
Health Care Assistant (Nursi	ng Assistant)	Hom	ne Based Caregiving			
Certificate in Anesthesia Teo	chnology	Cert	ificate in Theatre Techno	ology		
Your address		Certi	ficate in Guiding & Coun	seling		
Address :						
City:						
Postal Code :		Email:				
Name of Parent/Guadian (option	onal)	Email	Pho	one no.		
Preffered Program	ıme					
Regular	Sup	per-intensive (Sut	urdays only classes)			
Are you currently working/emp	bloyed?	Yes	No			
Preffered Class Time (Only Regu	lar Students)					
Morning Classes - 8am-12		Afternoon Classe	s - 2pm-5pm			

Term & Conditions

This admission form should be fully signed & returned either by physical hand over to our Ambank Campus or via the college email **info@louiseparkcollege.co.ke.**

A registration fee of **Ksh. 5,000** non refundable is to be paid for the admission process. Kindly note the said amount is inclusive of college fees.

Ensure this form is returned together with the following documents:

- Copy of National Identity Card
- 2 Passport sized photos
- Copy of KCSE & any relevant Academic document

Registration fee Payment Details:

Bank Deposit:

Bank Name: Diamond Trust Bank

Account Name: Louise park College Of Health Sciences Ltd

Account No: 0007895001 Branch: South C Branch M-PESA Deposit: Paybill: 516600

Account No: 0007895001

For Any Inquiries Contact us on; cell: +254 704 938 370 Cell: +254 768 939 465 Email: info@louiseparkcollege.co.ke

Applicants Name		
		Signature