



STUDENT APPLICATION FORM

STUDENT NAME

ID No :

Date :

COURSE APPLIED FOR:

- | | | |
|--|--|--|
| <input type="checkbox"/> Basic life Support | <input type="checkbox"/> IELTS Revision Programme | <input type="checkbox"/> Kiswahili Classes |
| <input type="checkbox"/> Health Care Assistant (Nursing Assistant) | <input type="checkbox"/> Home Based Caregiving | |
| <input type="checkbox"/> Certificate in Anesthesia Technology | <input type="checkbox"/> Certificate in Theatre Technology | |
| <input type="checkbox"/> Germany Language A1, A2, B1, B2 | <input type="checkbox"/> Certificate in Guiding & Counseling | |

YOUR ADDRESS

Address:

City:

Postal Code:

Email:

Name of Parent/Guadian (optional)

Email

Phone no.

Preferred Programme

Regular

Super-intensive (Saturdays only classes)

Are you currently working/employed?

Yes

No

Preferred Class Time (Only Regular Students)

Morning Classes - 8am-12pm

Afternoon Classes - 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** nonrefundable 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

Applicant's Name

Applicant's Phone No.

Signature