



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"/> 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"/> Certificate in Guiding & Counseling |

Your address

Address :

City :

Postal Code : Email:

Name of Parent/Guardian (optional)

Email

Phone no.

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Preferred Programme

- | | |
|----------------------------------|------------------------------------------|
| <input type="checkbox"/> Regular | <input type="checkbox"/> Super-intensive |
|----------------------------------|------------------------------------------|

Are you currently working/employed? Yes No

Preferred Class Time (Only Regular Students)

- | | |
|-----------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Morning Classes - 8am-12pm | <input type="checkbox"/> 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** 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 : 000785001

Branch : South C Branch

M-PESA Deposit:

Paybill : 516600

Account No: 000785001

For Any Inquiries Contact us on;

cell: +254 704 938 370

Cell: +254 768 939 465

Email: info@louiseparkcollege.co.ke

Applicants Name

Signature