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APPLICATION FOR ADMISSION

CERTIFICATE/DIPLOMA/ADVANCED DIPLOMA PROGRAMMES NOTES:

1. This form should be completed and returned to the Admissions Office P.O. BOX 3279 KIGALI,

	not later than					
2.	It should be completed in Block letters					
3.	The applicant is required to fill all the relevant sections of this form.					
4.	Attach a copy of your A level Examinations certificate/result slip, school leaving certificate and any other relevant					
	Certificates and transcripts.					
5.	Attach a copy of National Identity card / Passport					
6.	Successful applicants shall be required to complete a medical form.					
7.	Duly completed forms should be returned to the office with a non-refundable fee as follows: Bridging – Rwf .3000, Diploma/Advanced – Rwf .5000 Bank Account KCB Bank – 4400815935					
	All information given shall be treated with strict confidentiality and will not in any way prejudice an applicant's chance of Admission.					
SE	CTION A					
PE	RSONAL INFORMATION					
1.	Name					
	Surname other names in full					
 2. 3. 	Date of birth Gender: Female Male Nationality ID/Passport No/					
4.	(a) Marital Status : Married Single					
	(b) If married, Spouse's name:					



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5.	(a)	Postal Address		Town		Postal code			
	Telephone No: Email:								
	(b) Permanent/Home Postal address (If different from 5 (a):								
Address Town Postal c									
	(c)	Guardian's/Sponsor		Name		(If	applicable):		
		stal Address		Town.					
6	Perso	on responsible for payi	ng your fees:		Self	Parent /Guar	dian/sponsor		
7.	Names and addresses of two other people who can be contacted in an emergency:								
	a) Name								
	b) Name								
(a) P	•	nd Secondary school(s)	C BACKGRO attended and		ns obtained.				
Scho	ol Atteno	led:							
Prima	•	From		o (year)	Qualifi	ications Obtain			
Seco	ndary								
		ndary (if applicable)							
		in other institutions (g	give classificat	tions of the a	wards e.g. Distir	nction, Credit e	tc.)		
Instit	ution Att	tended From	m (year) To	o (year)	Qualifications	Obtained			
(c) S	tate any	other academic / profe	ssional qualifi	cations or ex	perience				
d) Te	aching E	Experience (For Diplor	 na and Advan	 ced Diploma	······································				
Instit		_		o (year)		ıght			
					J (*)				
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	ra-curricular interests: I participated in the following activities in High School /College: (tick as appropriate).					
Debate	Drama Choir Athletics Football					
Basketba	all Netball Hand ball Rugby Music					
Religiou	s Organisation Scout Girl/ Guide					
.Others						
SECTIO	ON D: PERSONAL REFERENCES					
Please p	rovide the following information on persons you have contacted for Confidential Recommendation:					
a) Name of Church Pastor /Priest/ Religious/Community Leader/Employer						
	Title/Position:					
	Address:					
	Telephone E-mail					
c)	Name of Head Teacher/Principal of former High School/College					
	Title/Position:					
	Address:					
	Telephone E-mail					

This form when duly completed should be sent to:

The Admission Office
Premier ECDE teachers College
Kacyiru,Gate two of La'colombiere school
P.O. BOX 3279
Kigali

