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STUDENT REGISTRATION FORM

Personal contact information

Title: Prof Dr. ☐ Rev. ☐ Ms. ☐ Mr. ☐ ☐

First name: _____ Middle name: _____ Last name: _____

Date of birth: DD: _____ MM: _____ YY: _____

Cellphone: _____ Landline: _____

Email address 1: _____ Email address 2: _____

Postal address: _____ Postal code: _____ City: _____

Physical address:

Estate: _____ Street: _____ House number: _____

Emergency contact:

Name: _____ Relationship: _____ Cellphone: _____

Level: AI: ☐ A2: ☐ B1: ☐ B2: ☐ C1: ☐ C2: ☐

2 hrs: ☐ 4hrs: ☐

Choose as applicable:

Employed: ☐ City: _____ Designation: _____

Student: College: ☐ Course: _____

How did you hear of Sanifu Centre?

☐ Radio: ☐ Social Media ☐ Referral ☐ Newspaper ☐

Mode of payment: Tick where applicable

M-Pesa: ☐ Direct deposit: ☐ EFT: ☐

Place: _____ date: ____ / ____ / 20____ sign: _____

For official use: ☐ ☐ ☐ ☐ ☐ ☐ ☐

Level: _____ Time: _____ Start date: ____ / ____ / ____ End date: ____ / ____ / ____

Declaration of consent

I _____ do hereby give consent to Sanifu Centre to use my image(s) and information for marketing, research purposes, advertisement and promotion campaigns.

The above is not limited to the above, but Sanifu Centre may also decide to use the image(s) and information in other ways to promote the image, visibility, online or physical presence of Sanifu Centre, as long as the Law is adhered to during and after the marketing, research, advertisement or promotion campaigns.

The images may be used also to develop teaching or educational materials to be used online or physically in the form of brochures, adverts or such like materials that the marketing department may deem worthy.

I do hereby give my consent to Sanifu Centre.

Date: ____/____/ 2024 Signature: _____ I do hereby decline

to give my consent to Sanifu Centre.

Date: ____/____/ 2024 Signature: _____

Registering Officer: _____

Sign:: _____

Official stamp: