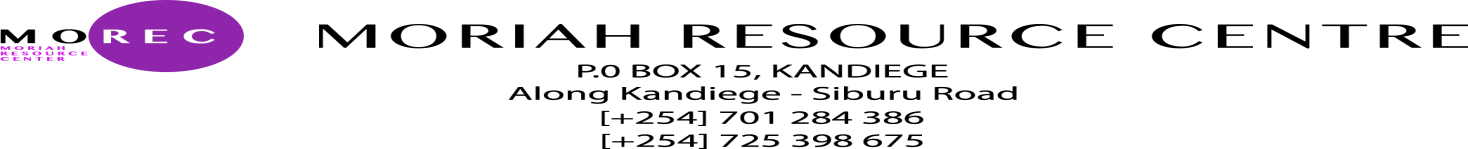
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**APPLICATION FORM FOR THE PROGRAM BY THE SCHOOLS:**

**School /Institution:**

Name ------------------------------------------------

Address ----------------------------------------------

Contact……………………………………………………….

Website--------------------------------------------------

County ----------------------------------------------------

Sub –county---------------------------------------------

Ward --------------------------------------------------------

Date -------------------------------------------------

**Principal /HeadTeacher:**

Name :-----------------------------------------------------

Contact : ---------------------------------------------------

Address:--------------------------------------------------

Email: ---------------------------------------------------------

Website:……………………………………………………………………..

**Population :**

|  |  |  |  |
| --- | --- | --- | --- |
| **Class/form** | **Male** | **Female** | **Total** |
| **5/form 1** |  |  |  |
| **6/form 2** |  |  |  |
| **7/ form 3** |  |  |  |
| **8/ form 4** |  |  |  |
| **Total** |  |  |  |

## NB: For Boys’ school fill in male column and for girls’ school fill in female column.

**Product and service availability:**

Tick yes or No

Power available in the institution Yes NO

Computer Laboratory available Yes NO

Power back up/generator available Yes NO

Computer studies taught in the institution Yes NO

Computer teacher available in the institution Yes NO

If yes, kindly provide: Name-------------------------------------------- Contact-----------------------

Does the institution has PTA/BOG Yes NO

If yes provide

Name of PTA chairperson------------------------------------------------- Contact----------------------

Name of BOG Chairperson---------------------------------------------- Contact-----------------------

**Accessibility of the institution:**

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**Security of the institution:**

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Name of the local area chief------------------------------------------------ contact-----------------------

Certification and verification

The information provided is true.

Name ----------------------

Sign--------------------------

Official institution stamp