



# FAB COMPUTER CENTRE

**P.O BOX -30200, KITALE**

**Email:fablimitedsoboyere@gmail.com**

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## STUDENT ADMISSION FORM

### Student Personal Detail

First Name.....Middle Name.....Last Name.....  
Other Name.....Phone No.....  
Id No.....DOB.....  
Highest Level of Education.....Email.....  
Country .....County.....Physical Address.....

### Parents/Guardians Details

Full Name names 1.....Mobile no.....  
Full Name names 2.....Mobile no.....

### Academic Terms and Condition

The course will take 45 days exclusion of weekends. The student is urged to attend all of the learning sessions. The first deposit agreement is mandatory and the learner shall only be issued with certificate after completing the studies and school fees.

### Official Use Only

Package enrolled by the learner.....Fees in Ksh.....Deposit.....

Signed by the learner.....Date.....

Signed by the Course instructor.....Date.....

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After filling this form scan and send Email: [fablimitedsoboyere@gmail.com](mailto:fablimitedsoboyere@gmail.com) and carry the original on day of admission

