

GIRI GREEN DRIVING SCHOOL LTD

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Reg No STUDENT ENROLLMENT FORM
SECTION 1 PLEASE COMPLETE EACH SECTION ON BLOCK LEITERS
NAME:
TYPE OF COURSE: GENDER: FEMALE MALE
MOBILE: NATIONALITY:
ALTERNATIVE CONTACT PERSON'S NAME:
EMAIL NO: No. RELATIONSHIP: PHYSICAL ADDRESS: PLACE OF WORK RESIDENCE:
ENROLLMENT DATE: CLASS:
TYPE OF COURSE:
BRANCH:
HAVE YOU EVER HELD A LICENCE IN THE PAST? YES NO
SECTION 2 HEALTH INFORMATION LAST EYE CHECK UP: 5YRS & ABOVE LAST 3-4 YRS 1-2YRS WITHIN THE LAST 12 MONTHS
FEE CHARGED KSH: MODE OF PAYMENT: CASH CHEQUE PAYBILL I DECIARE THAT I HAVE READ THE INFORMATION FILLED IN THE ENROLLMENT FORM AND THEY ARE COMPLETE AND CORRECT IN EVERY DETAIL. I UNDERSTAND THAT IF I HAVE STARTED ANYTHING THAT IS FALSE OR MISLEADING, THE DRIVERS LICENCE GRANTED TO ME AS A PURSUIT OF THIS APPLICATION WILL BE ABSOLUTELY VOID AND HAVE NO LEGAL EFFECT WHATSOEVER. I ALSO UNDERSTAND THAT I MAY BE PROSECUTED FOR GIVING FALES OR MISLEADING INFORMATION IN THE DOCUMENT.
I ALSO DECLARE THAT THE INFORMATION HAVE GIVEN ON MY FITNESS TO DRIVE IS TO THE BEST OF MY KNOWLEDGE TRUE, CORRECT AND HOLDS ME ACCOUNTABLE. I UNDERSTAND, COMMIT MYSELF TO ABIDE BY THE RULES AND REGULATIONS GOVERNING MY STUDY AT GIRI GREEN DRIVING SCHOOL.
REFUND POLICY THE SCHOOL RESERVES THE RIGHT TO CANCEL A CONTINUING STUDENT AND REFUND FEE IN EVENT OF INSUFFICIENT REGISTRATION DOCUMENTS. HOWEVER, STUDENTS WHO CANCEL THEIR REGISTRATION WILL NOT BE REFUNDED ANY MONEY PRIOR PAID TO THE SCHOOL.
DISABILITY STATEMENT IF YOU HAVE DISABILITY WHICH REQUIRES SPECIAL ASSISTANCE FOR YOUR PARTICIPATION IN ANY COURSE, THE MANAGER MUST RECEIVE YOUR REQUEST ATLEAST SEVEN BUSINESS DAYS PRIOR TO THE FIRST CLASS DATE INORDER TO ACCOMODATE ANY SPECIFIC NEEDS.
STUDENT'S SIGN ADM SIGN