



Where Creativity meets quality education



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8TH FLOOR, CIANDA HOUSE

ADMISSION APPLICATION FORM

TO BE DULY FILLED BY THE APPLICANT		FORM A/1	
Full Names			
ID/PP. No:			
Date Of Birth:			
Postal Address			
E-Mail Address			
Telephone			
High School Name			
K.C.S.E Grade			
Course of Interest			
Course Level			
	<input type="checkbox"/> Diploma	<input type="checkbox"/> Certificate	<input type="checkbox"/> Short Course
Mode of Study			
	<input type="checkbox"/> Regular	<input type="checkbox"/> Part-time	
Mode of Study			

Course Durations: Diploma: 3 Academics Years, Certificate: 1 Academics Year, Short Course: 3 months

Mode of Study: Regular: 8am – 5pm Part time: 5.30pm – 8pm

I certify that the information I have given is true and correct.

Signature Date:


GUARANTEE OF PAYMENT OF FEES
(To be completed by Parent/Guardian)
FORM B/1

Full Names	
ID/PP. No:	
Nationality	
Postal Address	
E-Mail Address	
Phone Number	

Agree to pay the financial requirements of

.....

(Name of Student)

Relationship to student: Signature..... Date:.....

College Attendance requirements

As per the exam regulations, each student is required to have attained an average class attendance of 75% and over to qualify for the semester's exam. Therefore, ensure the student does not miss classes.

Signature:.....Date:

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Full Names	
Date of Birth	
Gender	
ID/PP. No:	
Nationality	
Postal Address	
E-Mail Address	
Phone Number	
In case of emergency, the following person should be notified;	
Full Names	
Relationship to applicant	
ID/PP. No:	
Postal Address	
E-Mail Address	
Phone Number	
Medical History	
Have you ever been admitted to hospital?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, state reason for admission and date.
Do you suffer from any physical disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No please explain.
Do you suffer from any allergic reactions?	<input type="checkbox"/> Yes <input type="checkbox"/> No



GUARANTEE OF PAYMENT OF FEES
 (To be completed by Parent/Guardian)

FORM B/1

Full Names

ID/PP. No:

Nationality

Postal Address

E-Mail Address

Phone Number

Agree to pay the financial requirements of

.....

(Name of Student)

Relationship to student: Signature:..... Date:.....

College Attendance requirements

As per the exam regulations, each student is required to have attained an average class attendance of 75% and over to qualify for the semester's exam. Therefore, ensure the student does not miss classes.

Signature:.....Date:

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MEDICAL EXAMINATION REPORT

FORM B/2

Part 1: To be completed by the applicant

MEDICAL EXAMINATION REPORT

FORM B/3

Part 2: To be completed by the examining medical officer

	Height:	Weight:
Visual acuity	Without glasses R. 6/ L. 6/:	
	With glasses R. 6/ L. 6/:	
Hearing	Right ear Left ear	
Lymphatic glands		
Circulatory system		
Pulse		
Blood pressure		
Respiratory system		
Abdomen		
Spleen		
Any evidence of hernia		
Any other observation of importance (e.g. physical or mental disabilities)		

Signature of physician:.....Date:

Qualification.....

Address:.....

Stamp