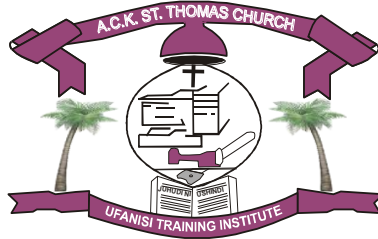


# WELCOME TO ACK. ST.THOMAS UFANISI TRAINING INSTITUTE

P.O BOX 48 KILIFI

TEL NO: 041 – 7522226



## **ICTT REGISTRATION FORM**

Surname.....Other names.....date.....

Place of work.....address.....Tel no.....

If not working or person through which can be contacted

Address.....Tel no: .....Hse.....Off.....

If sponsored parent's/guardian's place of work

Address.....Tel no.....Hse.....Off.....

## **FOR OFFICIAL USE ONLY**

Reg no.....session time.....

## **RULES AND REGULATION OF THE INSTITUTE**

1. To pay all fees due to in advance. No student will be allowed into class without paying the required fees. Fees are not refundable or transferrable. If a student misses a class for two weeks consecutively without any explanation, his/her fees will be forfeited. And other student offered the available chance.
2. To attend class regularly and punctually. No compensatory classes will be offered. Unless a prior and reasonable explanation is given. However should genuine reasons arise compensatory classes will be allowed when a chance becomes available at the convenience of both the student's and tutor's
3. The students shall not be in an way manhandling the machinery in the ICTT room any willful damage to ICTT machines and their accessories shall be made good by the students.
4. The students will keep his/her working environment tidy and shall not in any way inconvenience other students by cluttering his/her work place
5. At the end of the lesson, each student must collect his or her materials.
6. Certificate will only be offered after a student has gone through the required period course undertake and passed a written practical exam, and cleared all fees balances.
7. Being a church institution you are required to dress properly when coming for classes.

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I.....hereby agree to abide by the rules and regulations as specified above. ID NO.....student's signature.....

DATE.....IF Sponsored I.....Being the sponsor of the above named students do hereby agree to abide by the rules and regulations as appeared as above ID NO.....Date .....

