**Ans: to the question No. 1**

1. **Personal Details**

SURNAME : ………………………………………………. FRIRST NAME : ………………………

DATE OF BIRTH : ……………………………………………… PLACE OF BIRTH : ………………………

SEX : ……………………………………………… TITLE : ……………………..

MARITAL STATUS: ……………………………………………… PREVIOUS SURNAME(IF ANY): ………………………

NATIONAL ID : ………………………………………………. RACE : ……………………….

NATIONALITY : ………………………………………………… CITIZENSHIP : ………………………

PROVINCE : ………………………………………………... RELIGION : ……………………….

|  |  |  |  |
| --- | --- | --- | --- |
|  | YES | NO | IF YES TYPE AND/OR ATTACH PROOF |
| ANY PHYSICAL DISABILITY |  |  |  |
| ARE YOU A WAR VETERAN |  |  |  |

1. **CONTACT DETAILS (ALL CORRESPONDENCE WILL BE FORWARDED TO THE PHYSICAL ADDRESS)**

PHYSICAL ADDRESS: …………………………………………….. NEXT OF KIN’S NAME : …………………………………………….

……………………………………………. RELATIONSHIP : ……………………………………………

…………………………………………….. NEXT OF KIN’S ADDRESS: ……………………………………………

CELL/TEL : ………………………………………………. ……………………………………………

EMAIL ADDRESS : ………………………………………………… CELL/ TEL : …………………………………………….

1. **PROGRAM CHOICES (PLEASE INDICATE PROGRAMME AND AREA OF SPECIALISATION (IF ANY)’ NB: TURN TO PAGE 4 FOR PROGRAMMES**

FIRST CHOICE PROGRAMME: ……………………………………………………………………………………………………………………………………………………………………

SECOND CHOICE PROGRAMME: ……………………………………………………………………………………………………………………………………………………………….

THIRD CHOICE PROGRAMME: ………………………………………………………………………………………………………………………………………………………………….

**TICK APPROPRIATE**

**ENTRY TYPE: NORMAL  MATURE  SPECIAL**

**INTAKE TYPE: FULL TIME  PARALLEL  BLOCK RELEASE  VISITING SCHOOL**

**SPONSORSHIP: GOVERNMENT  SELF  OTHER ………………………………………………………….**

……………………………………………………………………………………………………………………………………………………………………………………………………………………..

FOR OFFICE USE ONLY

RECEIPT NUMBER: …………………………………………………. DATE OF RECEIPT: ………………………………………………..

APPLICATION NUMBER: …………………………………………………. DATE RECEIVED: ……………………………………………….