

KISII NATIONAL POLYTECHNIC

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KISII

STUDENT'S INFORMATION DATA FORM

A. PERSONAL INFORMATION

NAME OF STUDENT:ADM NO.
NATIONAL ID NO: CLASS
DATE OF BIRTH (Date/Month/Year) MARITAL STATUS:
GENDER:STUDENT TEL NO: P O BOX
DISTRICY OF BIRTH:DIVISION:LOCATION:
SUB LOCATION:COUNTY: NEAREST MARKET.....
AREA CHIEF:SUB CHIEF: CONTACT ADDRESS:

OTHER INFORMATION

TICK THE MOST APPROPRIATE CARTEGORY WHICH YOU BELONG.

TOTAL ORPHAN PARTIAL ORPHAN YOUTH FROM POOR HOUSEHOLD

FEMALE YOUTH PERSUING SCIENCE, TECHNOLOGY OR ENGINEERING COURSES

YOUTH WITH SPECIAL NEEDS: SPECIFY
(Blind, deaf, physically challenged, etc.)

YOUTH WITH OTHER SPECIAL NEEDS: (tick the most appropriate):

Marginalized Youth In Arid Areas Urban/rural slum Terminal and Chronic illness of

Parent/guardian

B. SCHOOLS ATTENDED FROM TO GRADE/POINTS OBTAINED

PRIMARY
SECONDARY
OTHERS

C. ARE YOU PRESENTLY EMPLOYED(TICK APPROPRIATELY) YES NO

NAME OF EMPLOYER:ADDRESS:

WHO WILL BE PAYING YOUR FEES?(Tick) SELF PARENT SPONSOR GUARDIAN

NAME:ADDRESS: TEL NO:

NEXT OF KIN TEL NO: RELATIONSHIP.....

D. DO YOU SUFFER FROM ANY SERIOUS DISEASES?

NAME OF THE DISEASE:

HOW OFTEN DOES IT ATTACK YOU:

WHERE3 WOULD YOU LIKE TO BE HOSPITALIZAD WHENYOU FALL SICK (Private Hospital/Guardian Hospital)

NAME OF HOSPITAL:

E. WHICH ARE YOUR HOBBIES/EXTRA CURRICULAR ACTIVITIES?

G. DECLARATION I (Names):ID NO:.....

I do declare that the information given above is true to the best of my knowledge

SIGNED.....