



BOLLINGTON /ADM /F002

STUDENTS BIO DATA FORM

Student Name:

Student ID No Mobile Phone.....

Alternative Mobile Phone:

Birth Certificate Serial No:Entry No:

County of Origin:Sub-County: Location:

Student Adm No:Course:

Department:

Contact Person In case of Emergency

Name:.....Relationship:.....Mobile No.....

Details of parent/Guardian

NameID Card No:

Postal Address:Phone No:.....

PREVIOUS SCHOOLS ATTENDED

Primary School:

KCPE Index No:

Secondary School:

KCSE Index No:

KCSE Mean Grade:

I hereby declare that the above information is true to the best of my knowledge.

Parent/ Guardian Signature:

Student Signature: