

ST. THERESE TECHNICAL & VOCATIONAL COLLEGE

P.O. Box 24215, Karen 00502, Nairobi - KENYA Tel. +254 722 306 030 / +254 739 309 593 / +254 796 111 009 info@sttherese.ac.ke/

APPLICATION FORM

5 1	UDENI											
	Name						Ge	nder	Male \square	Female \Box		
	Status	Single		Married		Othe	ers					
	Date of Birth						ID I	Number				
	Educations qualifications						Tel					
	Physical Addres	S					@					
PA	RENTS											
	·Father's name				Age			Occupation	n			
	Residence							Tel.				
	·Mother's name				Age			Occupatio	n			
	· Sibling's Nam	ie				Age)		Occi	upation		
OTHER PERSON TO CONTACT IN CASE OF EMERGENCY												
	Name							Tel.				
l, n t	his center.				cer	tify and	hono	r the accu	racy of the i	nformation for	registration	
		APPLICANT SIGNATURE							DATE			

- Please include the following documents:

 1. Copy of KCPE / KCSE Certificate
- Copy of the birth certificate 2.
- 2 Passport photos 3.
- Copy of ID 4.
- Write a letter, not more than 500 Words 5.