



**STUDENT'S BIODATA FORM**

**1. STUDENT DETAILS**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Surname: \_\_\_\_\_  
(As stated in ID card)

Admission No: \_\_\_\_\_ (To be filled on admission day)

Course: \_\_\_\_\_ Department: \_\_\_\_\_

Contact Address: \_\_\_\_\_

Marital Status: \_\_\_\_\_ District of Birth \_\_\_\_\_ County: \_\_\_\_\_

Email: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

K.C.S.E. Year \_\_\_\_\_ KCSE Index No \_\_\_\_\_

K.C.P.E Year \_\_\_\_\_ KCPE Index No \_\_\_\_\_

Disability Status YES ☐ NO ☐

**2. NAME AND ADDRESS OF FATHER**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Mobile No: \_\_\_\_\_ ID Number: \_\_\_\_\_

Occupation: \_\_\_\_\_

**3. NAME AND ADDRESS OF MOTHER**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Mobile No: \_\_\_\_\_ ID Number: \_\_\_\_\_

Occupation: \_\_\_\_\_

**4. NAME AND ADDRESS OF GUARDIAN**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Mobile No: \_\_\_\_\_ ID Number: \_\_\_\_\_

Occupation: \_\_\_\_\_

***Who pays your fees?***

***Details of who pays fees: Name*** \_\_\_\_\_ ***Phone No*** \_\_\_\_\_

**N/B See overleaf for mandatory requirements.**



## **MANDATORY REQUIREMENTS.**

1. Original Fees payment slip/Cheque (**PERSONAL CHEQUES NOT ACCEPTABLE**)
2. Original and copy of admission letter.
3. Original and copy of KCSE result slip or certificate
4. Original and copy of KCPE result slip or certificate
5. Original and copy of form four school leaving certificate
6. Original and copy of national identity card
7. Original and copy of birth certificate
8. Digital passport (40mm by 50mm) photograph
9. Duly signed medical form
10. Duly signed student guide declaration form.
11. Essential tools and books.

## **HOW DID YOU KNOW ABOUT KIST? (Please tick as appropriate for (a) to (e).**

- a) Nation newspaper
- b) Standard newspaper
- c) Inooro radio
- d) Kameme radio
- e) Classic radio
- f) Church (state the name)\_\_\_\_\_
- g) Secondary school (state the name)\_\_\_\_\_
- h) Kist staff (state the name)\_\_\_\_\_ Tel no.\_\_\_\_\_
- i) Kist student (state the name)\_\_\_\_\_ Tel no.\_\_\_\_\_
- j) Any other. Please state\_\_\_\_\_



**KIST**  
ISO 9001:2015 Certified



**KASNEB Accredited**



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