KAIMOSI FRIENDS NATIONAL POLYTECHNIC

P.O. BOX 150 - 50309 TIRIKI, KENYA +254 712604008

Email: fckadmissions@gmail.com, Website: www.kfnp.ac.ke

REGISTRATION FORM

Instructions

I. Complete all appropriate sections in Capital/Block Letters and return with supporting documents to the office of The Registrar- Academics

II. Read and understand the Polytechnic Rules and Regulations then sign under the consent no. 9 in this form.

Affix Passport Size Photo here

1. TRAINEE DETAILS

Full names as per Primary/ secondary school or equivalent certificate:			
Title : MR [ ] MRS [ ] MS [ ]	Gender: Male [ ] Female [ ]	Marital Status: Married [ ] Single [ ]	
Date of Birth:	Nationality:	National ID/Birth Cert No:	
County:	Sub County:	Mobile No:	
P.O Box: Code:	Town:	Email:	

2. PARENTS'/GUARDIANS'CONTACTS *(Tick where applicable)*

Parent [ ] Guardian [ ] Other [ ]

Father: Alive [ ] Deceased [ ]	Mother: Alive [ ] Deceased [ ]	Other: Relationship:
ID No:	ID No:	ID No:
Mobile No:	Mobile No:	Mobile No:
P.O Box: Code:	P.O Box: Code:	P.O Box: Code:
Town:	Town:	Town:
Occupation:	Occupation:	Occupation:

3. EDUCATIONAL BACKGROUND *(Start with the highest)*

Institution Attended	Index Number	Year	Grade	Certificate Awarded

4. EDUCATIONAL PLANS *(Tick appropriately the course and mode of study you prefer)*

Course Level Applied for:	Level 6 [ ]	Level 5 [ ]	Level 4 [ ]	Level 3 [ ]
Course Name:				
Mode of Study:	Regular [ ]	Part time [ ]	ODEL [ ]	
Preferred Intake:	January [ ]	May [ ]	September [ ]	
Campus:	Main Campus [ ]	Town Campus [ ]		
Preferred Mode of Stay ***(Please note that all town campus trainees are non-residents):***	Resident [ ]	Non-Resident [ ]		

5. FINANCING OF STUDIES ***(Tick Appropriately)***

Self [ ] Parents/Guardian [ ] Government Funding [ ]
Other Sponsorship [ ] Specify…….

6. RELIGION ***(Tick Appropriately)***

Catholic [ ] Protestant [ ] Muslim [ ] Hindu [ ] Other [ ]

7. STATE WHETHER YOU HAVE ANY SPECIAL NEEDS THAT REQUIRE SPECIAL ATTENTION

Please tick Yes [ ] No [ ]
If Yes, please tick the need Sensory [ ] Mental [ ] Visual [ ] Hearing [ ] Physical [ ]
Other [ ] Specify……

8. HOW DID YOU KNOW ABOUT KAIMOSI FRIENDS NATIONAL POLYTEHNIC ***(Please Specify}***

9. CONSENT (Tick appropriately)

[ ] I Consent that; information containing my personal data, conduct, fee status and academic progress may be made available to my Parent/Guardian/Sponsor or other Polytechnic Stakeholders as appropriate.

[ ] I consent to KFNP using my personal data, photos, videos, and achievements for marketing, publicity, and the official website. I understand I may withdraw this consent anytime in writing, and my data will be handled responsibly in line with data protection laws.

[ ] I Consent that; I have/will read and understood the Polytechnic Rules and Regulations and promise to abide by them always.

Trainee Name: …….. Sign …….. Date: …….

Parent/Guardian Name: …… Sign…… Date: ……..

10. ADDITIONAL INFORMATION

1. All fees are payable through;
   ACCOUNT NAME: KAIMOSI FRIENDS NATIONAL POLY
   ACCOUNT NO: 1101755652
   BRANCH: KCB BANK (KAKAMEGA)
   OR THROUGH Mpesa Business No: 522123 Account No.52654K followed by Surname and reference number (Applicable to trainees on new admission)
2. Personal cheques and cash are not acceptable
3. Boarding facilities are optional and offered on "*First Come First Served*" basis. Boarding fee is paid for separately and does not include meals.
4. All trainees will be required to proceed on attachment/mentorship in course of their studies.

FOR OFFICIAL USE ONLY ***(Please tick on the roman numbers Appropriately)***

i. Dully filled and Signed Application Form
ii. Two (4) Recent Passport Size Photographs (Write your name on the Reverse Side)
iii. Copy of KCSE Certificate/Result Slip
iv. Copy of ID
v. Copy of Birth Certificate
vi. Copy of Death Certificate where applicable
vii. Copy of KCPE Certificate/Result Slip
iii. Copy of TVET Certificate/Result Slip
ix. Copy of National ID/Birth Certificate
x. Dully filled and Signed Medical Form
xi. Completed Medical Certificate
xii. One Ream Photocopier paper (Paper line)
xiii. Two spring files

RECOMMENDATION BY KFNP

Date Application Received……..
Accepted [ ] Rejected [ ] Reason for Rejection…….
Name: ……. Stamp and Sign: ……..
Registrar Academic Affairs

Kaimosi Friends National Polytechnic (KFNP) Reserves the Right of Admission
More information may be obtained from the Office of the Registrar, Academic Affairs KFNP

THE REGISTRAR 04 AUG 2026 Sign: P. O. Box 150 - 50309, TIRIKI