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Kenya

PRO-TERP SIGN LANGUAGE CENTRE

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PRO-TERP SIGN LANGUAGE CENTRE

REGISTRATION FORM.

Reg.No...

PERSONAL INFORMATION

Names(in full).....

Gender.....**Marital status**.....

Religion.....**ID No/passport**.....

Nationality..... **postal code**.....

Address.....

Town/city..... **Country**..... **Telephone**.....

Email.....

Relationship.....**Address**.....

Emergency contact (Name)..... **Relationship**.....

Address.....**postal code**..... **Town/City**.....

County..... **Telephone**.....

Email.....

EDUCATION BACKGROUND

	From	To	Qualification obtained
1.			
2.			
3.			
4.			
5.			

DECLARATION

I hereby declare that the information given on this student Registration form is true and accurate to the best of my knowledge and fully understand that any information found to be false would lead to disqualification.

Applicant's Full Name.....

ID No.....

Date.....

Signature.....

RECOMMENDATION (For official use Only)

Recommended/Not Recommend.....

Signed..... **Date and stamp**.....

DIRECTOR