

KIBABII UNIVERSITY COLLEGE

STUDENT AFFAIRS



KIBABII UNIVERSITY COLLEGE
 (A constituent college of Masinde Muliro University)
 P. O. Box 1699-50200 Bungoma
 Tel. 020-2028660/0708806934/0734831729
 E-mail: enquiries@kibabiiuniversity.ac.ke

Fix one recent color passport size photo and write your registration number on the reverse

STUDENT DATA COLLECTION FORM

Personal Details (all fields are mandatory)

Registration Number					
Last Name		First Name		Middle Name	
ID no		Phone Number		E-mail address	
P. O. Box Number		Gender		Sponsor	
		<input type="checkbox"/> Female <input type="checkbox"/> Male		<input type="checkbox"/> JAB <input type="checkbox"/> PSSP	
Date of Birth			Religion		Marital Status
Day	Month	Year	<input type="checkbox"/> Protestant <input type="checkbox"/> Muslim <input type="checkbox"/> Catholic <input type="checkbox"/> SDA <input type="checkbox"/> Jehovah Witness		<input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Married
Physically challenged?					

Spouse details (where applicable)

Last Name		First Name		Middle Name	
ID No		Phone Number		E-mail address	
Number of children					

Permanent place of residence (all fields are mandatory)

County		Division		Location	
Sub location		Constituency		Town	
Estate/Village			Nearest Primary School		

Details of parents (where applicable)

Parent's marital status

Married
 Separated
 Divorced
 Widowed
 Both Deceased

Father

Status	<input type="checkbox"/>	Alive
	<input type="checkbox"/>	Deceased
Last Name	First Name	Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
ID No	Phone Number	Year of birth
<input type="text"/>	<input type="text"/>	<input type="text"/>
Occupation/profession	Employed (Yes/No)	Highest level of education
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Primary level
Gross salary (monthly)	Business income(annual)	<input type="checkbox"/> Secondary level
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Tertiary level
Pension (monthly)	Farming (annual)	Income from 'other'
<input type="text"/>	<input type="text"/>	<input type="text"/>

Mother

Status	<input type="checkbox"/>	Alive
	<input type="checkbox"/>	Deceased
Last Name	First Name	Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
ID No	Phone Number	Year of birth
<input type="text"/>	<input type="text"/>	<input type="text"/>
Occupation/profession	Employed (Yes/No)	Highest level of education
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Primary level
Gross salary (monthly)	Business income(annual)	<input type="checkbox"/> Secondary level
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Tertiary level
Pension (monthly)	Farming (annual)	Income from 'other'
<input type="text"/>	<input type="text"/>	<input type="text"/>

Guardian

Last Name	First Name	Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
ID No	Phone Number	Year of birth
<input type="text"/>	<input type="text"/>	<input type="text"/>
Occupation/profession	Employed (Yes/No)	Highest level of education
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Primary level
Gross salary (monthly)	Business income(annual)	<input type="checkbox"/> Secondary level
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Tertiary level
Pension (monthly)	Farming (annual)	Income from 'other'
<input type="text"/>	<input type="text"/>	<input type="text"/>

Next of Kin

Last Name

First Name

Middle Name

ID No

Phone Number

How you relate

Secondary school(s) (where applicable)

SCHOOL 1:

Name of school

P. O. Box number

Year you joined

Year you left

SCHOOL 2:

Name of school

P. O. Box number

Year you joined

Year you left

SCHOOL 3:

Name of school

P. O. Box number

Year you joined

Year you left

Games and sports

Football
Lawn tennis
Karate
Hockey
Badminton
Swimming
Martial arts
Basketball

Rugby
Table tennis
Netball
Volley ball
Athletics
Darts
Chess

Scrabble
Draughts

Specify:

Declaration

I declare that the information provided in this document is true and correct. I give consent to the university to use this information as deemed necessary.

Signature

Date