

Brothers Of St. Charles Lwanga

YOUTH AND DEVELOPMENT OFFICE (WATOTO WA LWANGA PROJECT)

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PHOTO

ADMISSION FORM

ST CHARLES LWANGA VOCATIONAL TRAINING-KIBERA

ADMISSION NO		2024/..... Department	
		For official use only	
		Admitted by:	
		Date;	
NAME:	Surname	Other Names :	
CONTACT		Mobile	
		Address	
NEXT OF KIN		Name	
		Relation	
		contact	
APPLICANT INFORMATION			
DATE OF BIRTH:			
Level of education:		Grade attained:	
		Do have children Yes /No If Yes how many-----	
No. Of Sibling below 17 years		Age ;	
FAMILY INFORMATION			
		FATHER	MOTHER
ALIVE /DEAD (Tick where appropriate)			
If alive please give the following details			
Name			
phone no			
Occupation			
Average Household income (Monthly)			
FEE PAYMENT DETAIL (How will pay the fee) Tick below where appropriate			
Sponsor		Details of Sponsor -(Contact , Sign & Stamp	
Parent			
Self			
others clarify			
Please indicate how you came to hear about this institution(please tick)			
Parent		Church	
Social Worker		Former Student	
Brochures		Friends	
Internet		Local Administration	
Other Specify			
Attach the following documents			
4 passport size photos ,copy of KCPE/KCSE certificate, Birth certificate			
Signature Self -----		(guardian/parent)-----	

Name.....

Date.....

Do you have any medical or psychological conditions?

Yes/no.....

If yes please provide details briefly.....

Do you have any problem you would like to discuss with the social worker?

Yes/no.....

Student checklist (Copies)

s/no	ITEM	REMARKS(AVAILABLE/NOT AVAILABLE)
1	3 Passport size photos	
2	Birth Certificate	
3	National ID	
4	Guardians National ID	
5	KCPE Certificate	
6	KCSE certificate	
7	Food handling cert(FPT Trainees)	