



MWANGAZA COLLEGE
CATHOLIC DIOCESE OF NAKURU

Lunga-Lunga Road off Kanu Street
PO Box 4021 Nakuru - 20100 KENYA
Tel 0725-705527
mwangaza@wananchi.com

REGISTRATION/APPLICATION FORM

Please Print and answer the following questions to the best of your ability.

Student Adm. No. _____ National ID. No. _____

Surname _____ Other Names: _____ Mr/Miss/Mrs.

Gender F M Date of Birth ____/____/____ Nationality _____
Day Month Year

School Attended _____ Grade Attained _____

Course applied for _____

REFEREE

Contact (Parent/guardian/sponsor) _____

Name _____

Address _____

Town _____ Tel. No. _____

Relationship: Father Mother Guardian Sponsor Brother Sister

How did you learn about Mwangaza College? Career Talks Media Student

Sponsor Guardian Parent Friend Others _____
(Specify)

Please answer the following questions in complete sentences and paragraphs giving thought of your responses.

1. What are your reasons for applying to **MWANGAZA COLLEGE**?

