

# KENYA FILM SCHOOL



## OFFICE OF THE REGISTRAR (ACADEMIC AFFAIRS) APPLICATION FOR CERTIFICATE PROGRAMME

Affix passport  
Size photo

### NOTES:

- (i) Application form should be fully completed in **BLOCK LETTERS**
- (ii) Attach certified copies of your K.C.S.E Certificate/Result Slip
- (iii) A copy of your National ID card, and Birth Certificate
- (iv) Attach one passport size photo
- (v) Evidence of talent
- (vi) **All the above documents should be returned to: The Registrar Kenya Film School, P. O. Box 74934 - 00200 NAIROBI or upload them to [info@kenyafilmschool.go.ke](mailto:info@kenyafilmschool.go.ke) or [kenyafilmschool@gmail.com](mailto:kenyafilmschool@gmail.com)**

### SECTION A: PERSONAL DATA

1. Name: .....

(Surname)

(Other names in full)

2. Date of Birth:.....Gender.....

3. Nationality: .....

4. National ID. No./Birth Certificate No: .....

5. Marital Status: .....

6. Religion: .....

7. Contact Address: .....

Telephone Number: ..... Mobile No: .....

County: ..... Sub-County: .....

8. Email: .....

9. Next of Kin: .....Relation: .....

Permanent/Home Address: .....

Telephone No: .....

**SECTION B: ACADEMIC QUALIFICATIONS**

10. (a) Primary/Secondary School(s) attended and Qualifications obtained.

School	From	To	Qualifications Obtained

(b) Other relevant Qualifications.

Institution attended	From	To	Certificate Awarded

(c) State any other relevant Professional experience.

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**SECTION C: MEDICAL HEALTH REPORT**

11. (a) Do you have any Medical condition(s)? .....

(b) If Yes, Specify.....

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N/B: Please note that this information is required for the well-being of the students in the school.

**SECTION D: DECLARATION**

12. I certify that the information given in this application form is correct to the best of my knowledge.

Signed: ..... Date: .....