



ST MICHAEL TRAINING INSTITUTE

ADMISSION FORM

St. Michael Training Institute

INSTRUCTIONS: Please fill out all required fields accurately. Ensure all attachments are included before submission.

Applicant Personal Details

Full Name: _____

Gender: Male Female Other

Date of Birth: _____

National ID/Passport Number: _____

Nationality: _____

Religion (optional): _____

Marital Status: Single Married Other

Contact Information

Phone Number: _____

Email Address: _____

Postal Address: _____

County/Location: _____

Course Information

Course Applied For: _____

Mode of Study: Full-time Part-time Online

Intake (Month/Year): _____

Educational Background

Previous Schools Attended: _____

Highest Level of Education: _____

Academic Qualifications (Attach copies):



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Parent/Guardian Information

Name: _____

Relationship: _____

Phone Number: _____

Occupation: _____

Medical Information

Any medical conditions: _____

Emergency contact person: _____

Payment Details

Application Fee: _____

Mode of Payment: Mpesa Bank Cash

Receipt Number: _____

Declaration

I confirm that the information provided is accurate to the best of my knowledge.

Signature of Applicant: _____

Date: _____

Official Use Only

Admission Number: _____

Approval Status: Approved Rejected

Remarks: _____

Authorized Signature: _____