

Serial No.....
SR No.....



BARATON COLLEGE

Baraton Main Campus: P.O. Box 30-30306, Baraton, Tel: +254-725556120 <> Baraton Kapsabet Campus: P.O. Box 631-30300, Kapsabet, Tel: +254-714486039 <> Baraton Sosiot - Kericho Campus: P.O. Box 872-20200, Kericho, Tel: +254-725999970 <> info@baratoncollege.ac.ke

APPLICATION FOR ADMISSION

Instructions:

1. Please read and understand each item before filling in any information
2. Print in blocks or type all required information
3. Return a completed form with non-refundable fee of KSh.1000
4. Attach four passport size colored photos
5. Attach copies of national ID or passport and all academic/professional certificates and transcripts

For Official Use Only

Admission No.....

Receipt No.....

SECTION 1: PERSONAL INFORMATION		
Surname: <i>(As it appears on academic documents)</i>	Middle Name:	First Name:
Date of Birth: Day/Month/Year	Gender: [] Male [] Female	Place of Birth: Country: County:
Marital Status:	Nationality: Religion:	National ID No. OR Passport No.
Next of Kin or Guardian contact Information (In case of Emergency)		
Name:	Address:	Relationship:
	Phone:	Email:
Financial Support/Sponsorship		
Who is paying your fees while at Baraton College?		
Name (if not self):	Permanent Address:	Relationship:
	Current Address: (if different from permanent address)	Phone:
		Email:
SECTION 2: ACADEMIC INFORMATION		
List all schools and colleges attended to date and attach copies of all the academic documents		
Name	From – To (month and year)	Certificate awarded

SECTION 3: ACADEMIC PROGRAMME/COURSE YOU ARE APPLYING FOR

First Programme:	Second Choice:	Third Choice:
Preferred Mode of Study (where applicable)	Full time: [] Part Time: [] School-based: []	Distance/Virtual/Online: [] Face to Face: []
Preferred Campus (depends on the programme applied)	Baraton Main Campus: [] Kapsabet Campus: []	Sosiot Campus – Kericho: []
Date of Enrollment	Month:	Year:

Additional information

How did you learn about Baraton College? (tick all that apply)	<input type="checkbox"/> College website <input type="checkbox"/> College Brochure <input type="checkbox"/> Radio ad <input type="checkbox"/> Newspaper ad	<input type="checkbox"/> Teacher/College staff <input type="checkbox"/> Former/current student <input type="checkbox"/> Friend/family <input type="checkbox"/> Other (Specify)
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Briefly tell us why you want to study at Baraton College.....
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SECTION 4: DECLARATION

By signing this application form you confirm that the information you have given is correct

Student Signature: Date:

SECTION 5: SUBMISSION OF THE APPLICATION FORMS

All completed forms should addressed to:
Office of Academic, Baraton College,
P.O. Box 30-30306, Baraton, OR P.O. Box 631-30300, Kapsabet

SECTION 6: FOR OFFICIAL USE ONLY

Approved /Not approved for admission
If Not approved reason.....

Signature..... Date