



ST. LUKE'S COLLEGE OF HEALTH SCIENCES

P.O. BOX 246 CODE-20318 NORTH KINANGOP.

TEL: 0720 430 311/0780 430 312-KENYA EAST AFRICA

E-MAIL: kecstlukes@yahoo.com/info@stlukes.ac.ke.

**Affix Signed
Passport
Size
Photograph**

APPLICATION/ADMISSION FORM

SECTION A: PERSONAL DATA

APPLICANT NAME:
(Surname name) (Middle name) (First name)

DATE OF BIRTH: I.D./PASSPORT NO:

CIVIL STATUS (E.G. MARRIED, SINGLE):

ADDRESS:

MOBILE: E-MAIL:

SECTION B: SPONSORSHIP/PARENT/GUARDIAN

GURADIAN/PARENT/SPONSOR NAME.....

RELATIONSHIP: OCCUPATION:

I.D. / PASSPORT NO..... ADDRESS:

MOBILE: E-MAIL:

SPONSOR'S SIGNATURE:



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SECTION C: EDUCATION PLAN.....

1. PROGRAMME APPLIED: **DIPLOMA**

KNEC RESIT

2. PROGRAMME NAME:

3. PREFERRED INTAKE:

FEBRUARY

MARCH

SEPTEMBER

APPLICANT'S SIGNATURE:DATE:

SPONSOR'S SIGNATURE:DATE:



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REQUIREMENTS ON ADMISSION

- ❖ BIRTH CERTIFICATE
- ❖ BAPTISMAL CARD
- ❖ NATIONAL IDENTITY CARD
- ❖ K.C.P.E CERTIFICATE
- ❖ K.C.S.E RESULT SLIP / K.C.S.E CERTIFICATE
- ❖ K.C.S.E LEAVING CERTIFICATE
- ❖ RECOMMENDATION LETTER FROM PRIEST/PASTOR
- ❖ APPLICATION LETTER

DIRECT DEPOSIT TO THE SCHOOL ACCOUNT AS BELOW:

ACCOUNT NAME: CDN St. Luke school of nursing and health sciences

ACCOUNT NO.:01128606869900

BANK: CO-OPERATIVE

BRANCH: ENGINEER

M-PESA: LIPA NA MPESA BUSINESS NO.400222 ACCOUNT NO.430430#studentname

THE APPLICATION FORM - AT NON-REFUNDABLE FEE OF **KSHS. 1,000** (ONE THOUSAND ONLY)