KENYA SCHOOL OF LAW

**APPLICATION FOR ADMISSION INTO THE DIPLOMA
IN LAW (PARALEGAL STUDIES) PROGRAMME**

INSTRUCTIONS

i)   This form must be filled in **BLOCK LETTERS**, and returned to: **Academic Services Department, Kenya School of Law, P.O. Box 30369-00100 NAIROBI**

ii)   Please attach the following documents:

   (a) Copies of K.C.S.E. certificate or "O" and "A" level certificates, as applicable;

   (b) Copies of relevant Diploma or Degree certificate, as applicable;

   (c) Copies of academic transcripts;

   (d) Copy of national identity card or Valid Passport;

   (e) Copy of application fee payment receipt issued by Kenya School of Law

   (f) Two coloured passport photographs.

iii)   Applicants must deposit a **non-refundable** application fee of **Kshs. 2,000/-** as below

   Account Name: **Kenya School of Law**

   Account No: **01129706350500**

   Bank: **Cooperative Bank of Kenya, Karen Branch.**

Present the deposit slip for receipting at Kenya School of Law, Finance department and attach a copy of the receipt to this form as proof of payment.

SECTION A (CONTACT INFORMATION)

1.   Name ……………………   …………………………………………………
        Surname   *(Other names in full)*

2.   Contact Address ……………………………………………………………………….

3. Telephone Contacts: ………………………………………….

   Email …………………………………………………………………………………………

SECTION B: (BIO-DATA)

5. Date of Birth: Day ……………………. Month …………………Year………………………

6. Nationality …………………………………

7. Identity Card /Passport No…………………………………………

8. Gender(Male/Female).……………………………………………

9. Next of Kin:……………………………………………

   Telephone No.………………………………………………………………………

   Relationship…………………………………………………………………………

SECTION C: EDUCATION BACKGROUND

3. Qualifications and institutions obtained from:

SCHOOL/COLLEGE/UNIVERSITY ATTENDED	YEAR OF COMPLETION	CERTIFICATE AWARDED	GRADE/CLASS OBTAINED

Preferred mode of study

Evening (Part time) ☐   Day (Full time) ☐

SECTION C: DECLARATION BY APPLICANT

I hereby DECLARE that to the best of my knowledge the information herein is true and accurate and that I bear responsibility for all inaccuracies and misinformation therein.

Signature: ……………………………………………. Date: …………………………………

SECTION D: (For Official Use)
Payment Receipt No……………….

i.   Approved for admission   ☐

ii.   Not approved (GIVE REASON{S})   ☐

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Name ………………………………………………….……….. Signature: …………………

Date: ……………………………