

jipange



DATE: _____

NAME: _____

P.O. BOX: _____

COURSE: _____

RE: ADMISSION TO JIPANGE FOR 1ST QUARTER INTAKE, YEAR 2020.

I am pleased to inform you that you have been offered a place at Jipange to pursue a Rehabilitation Course in Adaptive Technology, Mobility and Braille. The reporting date will be on_____.

This offer is subject to your acceptance to pay the required fees and your agreement to adhere to the rules and regulations governing the conduct and discipline of Jipange.

Jipange is located in Kitalale, Marambach Center in Trans Nzoia County.

Attached, please find the following documents which should be duly completed as instructed and returned to Jipange on the reporting date.

- Medical form
- Registration form
- Declaration form
- Rules and regulations

COMPULSORY ITEMS

- This admission letter
- Copy of I/D card
- Fees
- Any Disability Registration card or certificate

I take this opportunity to congratulate you on your admission to Jipange and wish you success in your pursuit.

Yours sincerely,

Mark Sabwami
Founder

jipange



GENERAL REQUIREMENTS

1. Mattress (Size of mattress - 3X6)
2. 2 bed sheets, 2 blankets and 1 bed cover. A mosquito net & Pillow (Optional)
3. A table spoon, mug and a plate.
4. A washing basin and a bucket. (Boarders)
5. Enough personal effects.
6. Comfortable sportswear.
7. Decent closed or open shoes
8. 2 Spring files

EDUCATIONAL REQUIREMENT

Flash disk – For Adaptive Technology Only.



Medical Examination Certificate

Student Name: _____

Address: _____

Date: _____

Note: Application for entry to Jipange must have this form completed by a registered doctor, following thorough medical examination.

Areas of examination include:

- Chest X-ray (Tuberculosis)
- Urine
- Stool
- Eye and Vision
- Hearing
- Mental stability
- Mouth and Teeth
- Glands in the neck
- Infectious diseases
- Spleen, liver bile and various veins
- Disability (Any other form of disability apart from visual impairment)

Findings:

I examined _____ and in my opinion he/she is fit/unfit for admission in this Institute as a student.

Official Stamp & Signature



Student Registration Form

Name: _____

Date of Birth: _____ Gender: _____

Marital Status: _____

Address: _____

Email: _____

County: _____

Guardian/Sponsor: _____

Guardian/Sponsor Contact: _____

Guardian/Sponsor's Address: _____

Guardian/Sponsor County: _____

Sub County: _____

Course: _____

Declaration

I _____ ID No. _____ do confirm that the information provided here is accurate and true to the best of my knowledge and belief.

Student's Signature: _____

Registrar/Founder Signature: _____

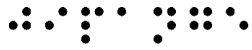
Date: _____

All new students MUST pay the following amount before admission.

1. Registration fee – Ksh 500.00
2. Caution money - Ksh 1,000.00
3. Student ID - Ksh 200.00
4. Insurance cover - Ksh 1,500.00

TOTAL: Ksh 3,200.00

jipange



Boarding

Those students who wish to board in Jipange's hostels MUST pay Ksh 10,000.00 per quarter. This fee covers room, bed, security, water and meals. Students are advised not to pay for accommodation fees before confirming availability of boarding facilities in the Institution's hostels. Boarding fees will only be accepted upon paying tuition fees in full.

Day Scholars

Meals will be offered at the dining area after paying Ksh 7000.00 to day scholars who wish to have meals at the Institution.