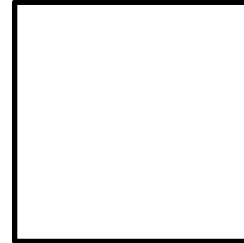




KENYATTA UNIVERSITY

DIRECTORATE OF DISABILITY SERVICES
KENYATTA UNIVERSITY STUDENTS WITH DISABILITY REGISTRATION FORM
(To be filled in duplicate)



(Attach a passport photograph)

Registration No. _____

School: _____

Degree: _____

Date of registration

Day Month Year

PERSONAL DETAILS (BLOCK LETTERS)

Full name: _____

ID/Passport No. _____

Postal Address (Address, Code, Town/City): _____

Cellphone Number: _____

Email Address: _____

Nationality: _____

County: _____ Sub County: _____

Constituency: _____ Ward: _____

Gender: _____ Date of Birth: _____

Marital Status: _____

Name of next kin: 1. _____

2. _____

Relationship to next of kin: _____



KENYATTA UNIVERSITY

Nature of Disability (e.g. Albinism, Physical, Mental, Visual, Hearing, Epilepsy, Blind, Deaf/Using Sign Language), Deaf/Able to Talk Normally, Other (specify):

Which Mobility Device/Assistive Device do you use e.g. Wheel Chair, White Cane, Hearing Aid, Crutches, Braille Machine, Binoculars, Other (specify):

Cause of Disability (Tick where appropriate)

By Birth:

By Accident:

By Illness:

At what age? (Years): _____

Severity of the Disability (Tick where appropriate)

Severe:

Moderate:

Signed by Student: _____
(Signature / Thumb Print / Initials)

Name of Verifying Admissions Officer: _____

Signature: _____ Date: _____ Stamp: _____