



KENYA ACADEMY OF SPORTS
Beyond sporting talent

STUDENT-ATHLETE APPLICATION FORM (Please fill up this form completely)

Application for Admission

Date of Application: _____ Period of joining: _____ ID/Passport/Birth Certificate Number: _____
Sports Discipline applying for: _____
Models (*tick appropriately*): Hybrid In-School Out-of-School Sports Camp High-Performance

Personal Data

Last Name: _____ First Name: _____ Middle Name: _____
Date of Birth (*dd/mm/yyyy*): _____ Gender: _____ Place of Birth: _____
Nationality: _____ Religion: _____ Marital Status: _____
Disability (if any): _____

Residence Information

Athlete Permanent Physical Address: _____

Ward: _____ Sub-County: _____ County: _____ Country/City: _____
Postal Address: _____ Code: _____ Phone No.: _____
Email Address: _____

Contact Person/Guardian Name: _____ Relation: _____
Ward: _____ Sub-County: _____ County: _____ Country/City: _____
Postal Address: _____ Code: _____ Phone No.: _____

Emergency Contact/Next of Kin Address (if not same as above)

Contact Person/Guardian Name: _____ Relation: _____
Ward: _____ Sub-County: _____ County: _____ Country/City: _____
Postal Address: _____ Code: _____ Phone No.: _____