Thika Road, Ruaraka.
P.O. Box 56808 - 00200 Nairobi Tel: 0710 888022 / 0734 888022
Website: www.kca.ac.ke Email: registrar@kca.ac.ke

PARENT/GUARDIAN CONSENT FORM
(To be completed by parents or guardian)

Name of Student: .....

University Registration Number: .....

Degree programme admitted to: .....

I give consent as a parent/guardian to allow ……. pursue his /her course at KCA University, abiding by the Rules and Regulations of the University.

1. Name of Parent(s): .....

   Signature: .....Telephone/mobile.....

   Date: .....

2. Name of Guardian: .....

   Signature: .....Telephone/mobile.....

   Relationship: .....

   Date: .....

3. **Contacts in case of Emergency**

   Name ……Relationship to applicant……..……

   Telephone/Mobile...…….… Email address……..….

   P.O. Box ……..... Postal Code ……Town……..…….....

NB: Form to be returned to the university upon completion.