KIGALI REVISION CENTER

Tel: +250788429419 Email: kigalirevisioncenter@gmail.com
KK 794ST REBERO-NYENYERI-BWERANKORI-KIGARAMA-KICUKIRO

STUDENT'S REGISTRATION FORM (COACHING)

Student's name: ……..…..

Gender:…..

Frequented School: …….. Program: ……..

Date of Birth: …../…./…….

Enrollment year: 2026/2027

Grade Level :……..

Photo

Home Address: ……Village;

……..…….. Cell ,

……..…Sector

…….…… District

NOTE:1) Kids arrive after school following their Day school's schedule.

2)Registration fees is paid the day of enrollment.

3) The last report card is annexed to this form.

4)In case of sickness or any other emergency KRC will contact kid's parents ASAP.

5)The pick-up time is 6:30pm; after 7:15pm the parent will pay a lateness penalty of 5,000frws per child every 30 minutes.

6)The parent allows KRC to use his/her Children's images on KRC display, website and social medias.

7.Parents agree with KRC education system, payment policy, rules and regulations.

Parent name: **KRC STAMP**

_____

Signature

Date: ____/____/2026