KIGALI REVISION CENTER

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

LANGUAGE TRAINING REGISTRATION FORM

Student's name: ……..…..

Gender:…..

Sdudies done: …….. LEVEL: ……..

Date of Birth: …../…./…….

Enrollment year: 2026/2027

Registered for …….

Home Address: ……Village;
……..…….. Cell ,
……..…Sector
…….…… District

Photo

NOTE:1) Students come to study following KRC schedule.

2)Registration fees is paid the day of enrollment.

6)The student allows KRC to use his/her images on KRC display, website and social medias.

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

Student's name: **KRC STAMP**

_____

Signature
Date: ____/____/2026