

KIGALI REVISION CENTER

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

LANGUAGE TRAINING REGISTRATION FORM

Student's name:

Gender:.....

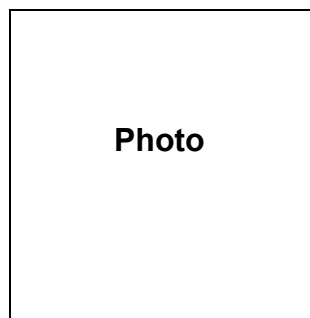
Studies done: LEVEL:

Date of Birth:/...../.....

Enrollment year: 2026/2027

Registered for

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



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