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EDUCARE Program

**FORM 6: learner enrolment**

This document certifies that the learner below is enrolled under the THRIVE EDUCARE Program (TREP).

**1. Pupil/Student**

1.1 Name: .....

1.2 Date of birth: .....

1.3 Place of birth (village, sub-county, district): .....

1.4 Reg. number at the institution (attach evidence of admission): .....

1.5 Please fix a passport-size photo of the pupil/student besides

**2. Parent/guardian**

2.1 Name: .....

2.2 Date of birth: .....

2.3 Place of birth (village, sub-county, district): .....

2.4 NIN (please attach a copy): .....

2.5 COLIG, to which the parent belongs .....

2.6 Please fix a passport-size photo of the parent/guardian besides

**3. Institution**

3.1 Name: .....

3.2 Registration number: .....

3.3 Name of head of the institution: .....

**4. Fee structure (please attach a detailed certified copy)**

4.1 The period (renewable) for which TREP will provide fees: .....

4.2 Fees to be paid per unit: ..... and in total: .....

In accordance with the agreement established with the parent, TREP will remit payment of fees pertaining to the child/student for the aforementioned period. The institution and the parent express their consent by affixing their names, signatures, and institutional stamps.

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**Parent/Guardian**

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**Head of Institution**

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**Officer at THRIVE Facility**