



KENYA NATIONAL EXAMINATIONS COUNCIL

KNEC/EA/EM/KCPE/REG/PLC/07/2019/REV 5.0

(To be completed in Triplicate)

Original: KNEC

Duplicate: SCDE

Triplicate: School

APPLICATION FOR APPROVAL OF KCPE EXAMINATION CENTRE

PART 1: To be completed by Heads of Institutions.

1. County Name and Code _____
2. Name of Institution: _____
3. Address: _____
4. Telephone No: _____ Mobile No: _____
5. Email address _____
6. Examination Centre No. : _____
7. Distribution Centre Code : _____
8. Distribution Centre Name: _____
9. Categorization:
 - (i) Rural _____
 - (ii) Urban _____

} **tick whichever is applicable**
10. Type of School:
 - (i) Public _____
 - (ii) Private _____
 - (iii) Day-Boys/Girls/Mixed _____
 - (iii) Boarding- Boys/Girls/Mixed _____
 - (iv) Day and Boarding-Boys/Girls/Mixed _____
 - (v) Integrated school _____
 - (vi) Special Needs school _____

} **tick whichever is applicable**
11. School Registration No. (MoEST) _____

- a. Full _____
b. Provisional _____ Expiry date: _____

12. Name of School Head: _____

13. TSC No. _____

14. Name of Manager(for Private Schools); _____

15. Qualifications: _____

16. Current Enrolment in Class Eight: _____ Year: _____

17. Re- registration of schools

17.1 Current Registration Number _____ New Registration Number _____

17.2 Reasons for Re-Registration _____

17.3 Number of candidates _____

18. We certify that the information given above is correct to the best of our knowledge and that the school has spacious room to accommodate **1.22 meters spacing**, sufficient desks, lockers/chairs, and equipment to conduct the examination.

Name of Head teacher: _____

Signature: _____ Date: _____

Name of Manager: _____

Signature: _____ Date: _____

PART II: To be completed by the Sub County Director of Education

I confirm that the school has been **inspected and is registered by the Ministry of Education (MoE)**. The school has adequate facilities to prepare the candidates as per the KCPE Regulations and Syllabuses.

NAME OF SCDE: _____ **DESIGNATION:** _____

TELEPHONE: _____ **MOBILE NO:** _____

EMAIL ADDRESS: _____

NAME OF SUB COUNTY: _____

SIGNATURE: _____ **DATE:** _____

OFFICIAL STAMP:

