

THE KENYA NATIONAL EXAMINATIONS COUNCIL

REF: KNEC/GEN/EA/EM/KCPE/REG/004/2019/REV 4.2

KCPE REGISTRATION RETURN ENVELOPE - 2019

County Name & Code:
Sub County name & Code:
School Code No:
NAME OF SCHOOL:
POSTAL ADDRESS:
PHYSICAL ADDRESS:
SCHOOL TELEPHONE NO:
EMAIL ADDRESS:
HEADTEACHERS MOBILE PHONE NO:
NUMBER OF CANDIDATES UPLOADED ON THE KNEC WEBSITE – YEAR 2019
NAME OF THE HEAD TEACHER:
SIGNATURE:
DATE:
NUMBER OF CANDIDATES EXPECTED TO SIT FOR KCPE IN YEAR 2019
DECLARATION BY SUB COUNTY DIRECTOR OF EDUCATION
I certify that the entries as they appear in the KNEC website are correct and in

accordance with the examination rules and regulations.

NAME: ______ SIGNATURE: _____

DATE: _____ OFFICIAL STAMP: