

## MINISRTY OF EDUCATION STATE DEPARTMENT OF BASIC EDUCATION

		Year	Game	s Term 1/2		
	Team	•	lo			
School			Sub – County			
(	County	K	egion	•••••		
-	The following are bona fide stude	ents of this school whose details	are given here -	- under.		
)	FULL NAMES	ADMISSION	D.O.B	KCPE INDEX NO.	U.P.I	k
						Υ

NO		ADMIS	SION		D.O.B	KCPE INDEX NO.	U.P.I	KCPE
•		CLAS S	D.O.A	ADM NO			NO.	YEAR
1								
2								
3								
4								
5								
6								
7								
8								
9								

10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				

GAMES TEACHER / COACHS NAME	PRINCIPALS NAME
	TSC NO
SignDate	SignDate
Stamp	Stamp

## **DECLARATION**

I, the principal of the above named School hereby solemnly declare that the information provided and in any other related documents on my School team bearing my signature and School stamp is correct.

## Countersigned by

GAMES TEACHER/COACH'S NAME	Sub County Director of Education
T.S.C NO	NAME
Sign	Sign
Date	Date
School stamp	Stamp
PRINCIPAL'S NAME	County Director of Education
T.S.C NO	NAME
Sign	Sign
Date	Date
School stamp	Stamp

Regional Coodinator of Education
NAME
Sign
Date
Stamp