

REPUBLIC OF KENYA
MINISTRY OF EDUCATION

APPLICATION FOR REGISTRATION OF AN EDUCATIONAL INSTITUTION

PART I – To be completed in TRIPLICATE by the applicant and forwarded to District/Municipal Education Officer

1. Name of Institution _____
2. Address of Institution _____
3. Situation of Proposed Institution:-
Province _____ **District or Municipality** _____
Division _____ **Location** _____
Plot No. (If any) _____
4. Management (**B.O.G/PRIVATE**) _____
5. Sponsor (If any) _____
6. Address of Sponsor _____
7. Classification of Institution _____
e.g. Nursery, Primary, Secondary, Teachers' College, Private Non-Commercial etc.
8. (a) Details of classes _____
(b) Number of Streams per class _____
9. Maximum number of pupils to be accommodated _____
10. Nature of buildings: - (a) Existing _____
(b) Proposed _____
11. In case of re-registration of existing institution:-
(a) Existing **Registration Number**- _____
(b) Reasons for **Re-registration** _____
12. Declaration by the applicant: **I hereby declare that I have read the Education Act (Education Standards) Regulations and that the institution will be conducted in accordance with its provisions.**
I also understand that it is an offence punishable by Law to establish, manage, maintain or conduct an institution, which has not been registered in accordance with PART IV of the Education Act 1963, Cap. 211 (Revised in 1980).
Signed _____
Full Name _____
Designation of application _____
Date _____

(STAMP)

PART II – To be completed by the Local Authority:

13. Date of Meeting when application was discussed _____

14. Recommended/Not Recommended –

Ref.Min.

Date.....Signed.....

Town Clerk/clerk to Council

PART III – To be completed by the District/Municipal Education Officer

15. Comments by the District/Municipal Education Officer

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Recommended/ Not recommended for registration.

Date.....Signed

(STAMP)

16. Minister of Education’s Decision

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APPROVED/NOT APPROVED.....

17. REGISTRATION CERTIFICATE ISSUED ON.....

18. CERTIFICATE NUMBER.....