



KENYA NATIONAL EXAMINATIONS COUNCIL

KNEC/EA/EM/KCSE/REG/PLC/07/2021/REV 7.1

(To be completed in Triplicate)

Original: KNEC

Duplicate: SCDE

Triplicate: School

APPLICATION FOR APPROVAL AS A KCSE EXAMINATION CENTRE

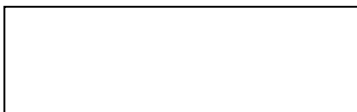
PART 1: To be completed by Heads of Schools.

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 /Collection pointName &Code : _____
8. Distance of School from the Collection point : _____
9. Categorization:
 - (i) National _____
 - (ii) County _____
 - (iii) Sub County _____
 - (iv) Private _____

} **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. (MoE) _____
 - 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 Form Three: _____ 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 _____

OFFICIAL SCHOOL STAMP:



18. Indicate below the **OPTIONAL** subjects being offered in your school for K.C.S.E. and the maximum number of candidates in each subject.

S.NO	SUBJECT NO.	NAME	NO. OF CANDIDATES PER SUBJECT
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			

19. Does the school have facilities to technical subjects offered by the school?

Yes ☐ No ☐

If NO in 19 above what alternative(s) will be put in place?

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20. 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, materials and laboratory 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)** and authority has been given to prepare candidates in the subjects shown above. The school has adequate facilities to prepare the candidates as per the KCSE Regulations and Syllabuses.

NAME OF OFFICER: _____ DESIGNATION: _____

TELEPHONE: _____ MOBILE NO: _____

EMAIL ADDRESS: _____

NAME OF SUB COUNTY: _____

SIGNATURE: _____ DATE: _____

OFFICIAL STAMP: