



THE KENYA NATIONAL EXAMINATIONS COUNCIL

REF: KNEC/GEN/EA/EM/KCPE/REG/004/2020

KCPE REGISTRATION RETURN ENVELOPE - 2020

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 IN YEAR 2020

NAME OF THE HEAD TEACHER: _____

SIGNATURE: _____

DATE: _____

NUMBER OF CANDIDATES EXPECTED TO SIT FOR KCPE IN YEAR 2020

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: