

REPUBLIC OF KENYA



MINISTRY OF EDUCATION
STATE DEPARTMENT OF EARLY LEARNING AND BASIC EDUCATION

TRANSFER AND ADMISSION FORM
PRIMARY SCHOOL – TRANSFER FORM

PART A

Pupil Name STD/GRADE:

Present school

School to which transfer is requested

Reasons

PART B: To be completed by the Receiving Head teacher.

I have/do not have a vacancy in Std/Grade

I have examined the application and discussed the same with the pupil and parent/guardian

I accept/do not accept the pupil in school

Name of Head teacher School

Signature School stamp and date

PART C: To be completed by the Releasing school Head teacher

I certify that (name) Std/Grade is a pupil in
..... primary school.

I am willing/not willing to release/clear the pupil.

Name of Head teacher School

Signature School stamp and date

PART D: To be completed by the Sub-County Director of Education for Inter sub county schools.

i) SCDE of releasing sub-county

I do/do not approve the transfer

Reason

Signature Office stamp

Date

ii) SCDE of receiving sub-county

I do/do not approve the transfer

Reason

Signature Office stamp

Date

PART E: To be completed by the County Director of Education for Inter county schools

i) CDE of current County

I do/do not approve the transfer

Reason

Signature Office stamp

Date

ii) CDE of receiving County

I do/do not approve the transfer

Reason

Signature Office stamp

Date