

EXAMINATION CENTRE CODE:

THE KENYA NATIONAL EXAMINATIONS COUNCIL

EXAMINATION CENTRE NAME:

REF: KNEC/EA/EM/KPSEA/REG/SN/2025/002

2025 KJSEA CANDIDATES WITH SPECIAL NEEDS

(This form must be completed in triplicate and sent to KNEC together with the registration documents)
Original – KNEC, Duplicate- School and Triplicate - Sub County Director of Education

iii)		BLIND (BRAILLE)	LOW VISION (LARGE PRINT)	KISW	KENYA SIGN LANGUAGE	PHYSICAL	MENTAL	MULTIPLE IMPAIREMENTS	CRE	IRE	HRE
i) ii) iii)											
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	candidates with S For the mentally on the same which	Special Needs and physical ch MUST be report on the	s indicating Ily impaired accompanium nature of	the kind of candidates ed by a re each can	f assistance the s and those who cent detailed ididate's disabil	candidates sho o suffer psych nedical repo	ould be acco comotor diso rt, a full siz	ers submit all the reported during the examinates the Head of Instead of Inst	ination. stitution n ysical disal	nust wri bility, ar	ite a letter nd a recent
iv)	Candidates with	n Low Vision	n must also	have a rec	ent medical re	port from qu	alified and	certified medical doc	tor.		
			ny candidate	es in this ca	ategory the hea	d teacher mus	t indicate N	il and return the form	to the Cou	uncil tog	gether with
Name of headteac	If the school does the registration m	Name of headteacher:			bile Number: _	Signature:					