

GRADE 10 SCHOOL SECTION FOR JUNIOR SCHOOL 2025

NAME OF JUNIOR	SCHOOL:						
LEARNERS NAME	:		ASS NO.:				
LEARNERS INFO	<u>RMATION</u>						
Special need							
Visually impaired IN ATTENDANCE	Hearing impai	red F	hysically I	Handicapped	None		
Selection Panel							
Head Teacher Parent/Guardian	Class Teacher	F	arent/Guar	dian	Learner	-/Student	
Full Name				Email(optional)			
Phone Number				National ID/Passport			
Learner Location			<u>.</u>		<u> </u>		
Home County	Но			ne Sub- County			
County of Residence			Sub-county of Residence				
Subject combination Choose four (4) scho ***(Include subject of	ols in each subject c	ombination ch		_			
Subject Combination	Cluster (C1)	Cluster (C2)		Cluster (C3)		Cluster (C4)	
1	School Name	School Name		School Name		School Name	
	School code	School code		School code		School code	
Subject Combination	Cluster (C1)	Cluster (C2)		Cluster (C	3)	Cluster (C4)	
	School Name	School Name		School Name		School Name	
	School code	School code		School code		School code	
Subject Combination 3	Cluster (C1)	Cluster (C2)		Cluster (C3)		Cluster (C4)	
	School Name	School Name		School Nam	e	School Name	

Approved by HOI: Name: Stamp/Date: