

# MINISTRY OF EDUCATION STATE DEPARTMENT OF EARLY LEARNING AND BASIC EDUCATION

#### TRANSFER AND ADMISSIONS FORM (PRIMARY)

#### <u>INSTRUCTIONS ON TRANSFER AND ADMISSION OF STUDENTS</u>

- (1) Only applications made on this form shall be considered.
- (2) **No school shall admit a student without a letter of transfer** signed by SCDE, CDE, and Regional Coordinator of Education as the case may be.
  - ❖ Students seeking transfers within the Sub County: The authorizing officer shall be the SCDE.
  - ❖ Students seeking transfers from one Sub County to another: The authorizing Officer shall be CDE, subject to recommendation from SCDE.
- (3) All head teachers must give release letters to students seeking transfer to other schools stating very clearly the conduct of the student concerned. A head teacher who covers up a student's conduct shall be held responsible for any subsequent problems.
- (4) A school that may have a vacancy or vacancies to admit more students shall issue a transfer form signed by the head teacher to the student's former school for the transfer process to begin.
- (5) All transfer requests for the coming year must be received by 30<sup>th</sup> October of the preceding year.
- (6) No transfers shall be carried out in the middle of the year except those under special circumstances.
- (7) The receiving head teacher shall receive the pupil on school's NEMIS then requests the releasing head teacher to release the pupil from the School's NEMIS.

#### PART A TO BE COMPLETED BY THE STUDENT

(i) Students details	
Name:	UPI
Address	
Date of birth	
Present School	
School to which transfer is requ	uested
Reason(s) for transfer	
	student's parent/guardian.
-	mary schools the child has attended in the last 3 years
Name(s) of schools:	1
	2
	3
Reasons for leaving (tick appropria	otaly)
(1) Medical (attach medical rep	<u> </u>
(2) Performance	(JOIL)
, ,	
(3) Distance	
(4) High cost	
(5) Discipline	
(6) Any other	
· · · ·	
(Specify)	
I have cleared/commit myself t	to clear all my financial obligations in the school.
•	Address Tel No
	Date
Signature of purelly Sunfature.	2
PART "B" TO BE COMPLETE	D BY THE RECEIVING HEAD TEACHER
(1) I have/do not have a vacano	cy in grade/class:
	ation and discussed the same with the student and
parent/guardian.	
(3) I accept/do not accept the s	tudent in the school.
• •	

# PART C: TO BE COMPLETED BY THE HEADTEACHER OF THE RELEASING SCHOOL

(1) I CERTIFY THAT (NAME)			
grade/class	in my school		
A (2) Performance in term	Above Average		
	Below Average		
	Average		
	Poor		
(3) Outstanding fee is Kshs			
•	-	s/her general conduct in the school	
	•••••	••••••	
(5) I am wiling/not willing to			
release/clear			
Reasons(s)			
Name	Sign	n	
School stamp and Date			

### PART D: TO BE COMPLETED BY THE SUB COUNTY DIRECTOR OF EDUCATON FOR INTER SUB COUNTY SCHOOL TRANSFER.

#### (i) SCDE OF RELEASING SUB COUNTY

I have examined the	<u>.</u>
Student Name	
School	
Adm	
No	Class/grade
I do/do not approve t	he transfer
Reason (s)	
Name	Sign
OFFICIAL STAME	and Date
(ii) SCDE OF R	ECEIVING SUB COUNTY
I have examined the	
	mansier request for.
School	
I do/do not approve	the transfer.
Reason (s)	
Name	Sign
OFFICIAL STAME	<b>P</b> and <b>Date</b>

# PART E: TO BE COMPLETED BY THE COUNTY DIRECTOR OF EDUCATION FOR INTER COUNTY SCHOOL TRANSFER

(i)	CDE OF CURRENT COUNTY
I have	scrutinized the request for transfer for:
	Grade
	l requested
• • • • • • • • • • • • • • • • • • • •	
I do/do	o not approve the transfer
Reason	
• • • • • • • • • • • • • • • • • • • •	
• • • • • • •	
Name	Sign
1 (uiiic	
OFFI	CIAL STAMP and Date
ii) CD	E OF RECEIVING COUNTY
I have	scrutinized the request for transfer for:
Tilave	serumized the request for transfer for.
Name	e Adm No
Sahar	ol Requested
Schoo	n Requested
<i>~</i> .	
Grad	e/class
Reaso	n (s)
NI	G!
Name	Sign
OFFI	CIAL STAMP and Date
OF I'I	

# PART F: TO BE COMPLETED BY THE REGIONAL DIRECTOR OF EDUCATION FOR INTER REGION SCHOOL TRANSFER

(ii)	RDE CURRENT REGION
I hav	e scrutinized the request for transfer for:
Nam	e
Grac	le/class
Scho	ol
I do/	do not approve the transfer
Reas	$\operatorname{con}(\mathbf{s})$
•••••	
Nam	eSign
OFF	ICIAL STAMP and Date
RDE	RECEIVING REGION
I hav	e scrutinized the request for transfer for:
Nan	ne
Grac	le/class
Scho	ol Requested
I do/	do not approve the transfer
Reas	on(s)
Nam	eSign
Date	
OFF	ICIAL STAMP