



**REPUBLIC OF KENYA**  
**MINISTRY OF EDUCATION**  
**State Department of Early Learning & Basic Education**

**TRANSFER AND ADMISSIONS FORM**

**INSTRUCTIONS ON TRANSFER AND ADMISSIONS OF STUDENTS**

- 1) Only applicants made on this form will be considered for transfer of students.
- 2) No school shall admit a student without a letter of transfer signed by the SCDE, CDE and Director Secondary Education & Special Programmes as the case may be.
  - Students seeking transfer within the Sub-County: The authorizing officer shall be the SCDE.
  - Students seeking transfers from one County to another, the authorized officer shall be the CDE, subject to recommendation from CDE.
  - Students seeking transfers from one Region to another, the authorized officer shall be the CDE, subject to recommendation from Regional Coordinator of Education (RCE)
  - Transfers from one national school to another shall be authorized by the Director Secondary Education and Special Programmes.
- 3) All Principals must give release letters to students seeking transfer to other schools stating very clearly the conduct of the students concerned. A Principal 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 letter signed by the principal to the student’s former school for the transfer process to begin.
- 5) All transfer requests for the coming year must be received by 30th of October of the preceding year.
- 6) No transfer shall be carried out in the middle of the year except those under special circumstances.

**PART A: TO BE COMPLETED BY THE STUDENT**

i. Students details

Name ..... Adm. No..... Form .....

Address .....

Date of birth ..... KCPE Index No. ....

Year ..... Marks .....

Present school .....

School to which transfer is requested .....

Reason(s) for transfer .....  
.....

ii. To be completed by the students parent/guardian

Details of any other secondary schools the child has attended in the last 3 years:-  
Name(s) of school(s)

1. ....
2. ....
3. ....

Reason for leaving (tick appropriately)

- |                                    |                          |
|------------------------------------|--------------------------|
| 1. Medical (attach medical report) | <input type="checkbox"/> |
| 2. Performance                     | <input type="checkbox"/> |
| 3. Distance                        | <input type="checkbox"/> |
| 4. High Cost                       | <input type="checkbox"/> |
| 5. Discipline                      | <input type="checkbox"/> |

6. Any other (specify) .....

.....  
I have cleared/commit myself to clear all my financial obligations in the school

ID NO. .... Address ..... Tel. No. ....

Signature of Parent/Guardian ..... Date: .....

**PART B: TO BE COMPLETED BY THE RECEIVING PRINCIPAL**

- 1) I have/do not have a vacancy in form .....
- 2) I have examined the application and discussed the same with the student and parent/guardian.
- 3) I accept/do not accept the student in the school.

Name of Principal .....

School .....

Signature .....

School Stamp and Date .....

**PART C: TO BE COMPLETED BY THE PRINCIPAL OF THE RELEASING SCHOOL**

- 1) I Certify that (name) ..... Adm./No. .... is student in form ..... in my school.

2) Performance in term      Above Average         Average     
   Below Average         Poor  

3) Outstanding fee is KShs. ....

4) The Discipline of the student (please comment on his/her general conduct in the school)

.....

5) I am willing/not willing to release/clear .....

Reasons(s) .....

.....

Name .....

Signature .....

School Stamp .....      Date .....

**PART D: TO BE COMPLETED BY THE SUB-COUNTY DIRECTOR OF EDUCATION ON TRANSFER WITHIN THE SUB-COUNTY SCHOOLS**

i)      SCDE OF RELEASING SUB-COUNTY

I have examined the transfer request for

Student Name ..... School .....

Adm. No. .... Form .....

I do/do not approve the transfer

Reason(s) .....

.....

Name .....

Signature .....

OFFICIAL STAMP AND DATE .....

ii)      SCDE OF RECEIVING SUB-COUNTY

I do/do not approve the transfer

Reason .....

.....

Name .....

PART E: TO BE COMPLETED BY THE COUNTY DIRECTOR OF EDUCATION ON TRANSFERS WITHIN THE COUNTY SCHOOLS

i) CDE OF RELEASING COUNTY

I have examined the transfer request for

Student Name ..... School .....

Adm. No. .... Form .....

I do/do not approve the transfer

Reason(s) .....

.....

Name .....

Signature .....

OFFICIAL STAMP AND DATE .....

ii) CDE OF RECEIVING COUNTY

I do/do not approve the transfer

Reason .....

.....

Name .....

PART F: TO BE COMPLETED BY THE REGIONAL COORDINATOR OF EDUCATION ON TRANSFERS WITHIN INTER-COUNTY (EXTRA-COUNTY) SCHOOLS

i) RCE OF CURRENT COUNTY

I have scrutinized the request for transfer for

Name ..... Adm. No. .... Form .....

School requested .....

I do/do not approve the transfer

Reason(s) .....

.....

Signature ..... Date: .....

OFFICIAL STAMP ..... Date: .....

ii)

RCE OF RECEIVING COUNTY

I have scrutinized the request for transfer for

Name ..... Adm. No. .... Form .....

School requested .....

I do/do not approve the transfer

Reason(s) .....

.....

Signature ..... Date: .....

OFFICIAL STAMP ..... Date: .....

PART G: TO BE COMPLETED BY THE DIRECTOR OF SECONDARY EDUCATION AND SPECIAL PROGRAMMES ON TRANSFER FOR NATIONAL SCHOOLS'

I approve/do not approve the transfer

Reason .....

.....

Signature ..... Date .....

OFFICIAL STAMP .....Date .....