MINISTRY OF EDUCATION
STATE DEPARTMENT OF EARLY LEARNING AND BASIC EDUCATION

TRANSFER AND ADMISSIONS FORM (PRIMARY)

INSTRUCTIONS ON TRANSFER AND ADMISSION OF STUDENTS

(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 **30th 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 requested ……
Reason(s) for transfer ……
……

(ii) To be completed by the student's parent/guardian.
Details of any other primary schools the child has attended in the last 3 years
Name(s) of schools: 1……
2……
3……

Reasons for leaving (tick appropriately)

(1) Medical (attach medical report) ☐
(2) Performance ☐
(3) Distance ☐
(4) High cost ☐
(5) Discipline ☐
(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 HEAD TEACHER

(1) I have/do not have a vacancy in grade/class: ……
(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.
(4) Name of head teacher……..
(5) School ……
(6) Signature ……
(7) School stamp and date ……..

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

(1) **I CERTIFY THAT (NAME**) …….**Adm/No**…… is a student in **grade/class**…….. in my school

A (2) Performance in term

Above Average	☐
Below Average	☐
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 wiling/not willing to
release/clear…….
Reasons(s)
……..
……

Name …… **Sign**……

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 transfer request for:
Student Name ……..
School ……..
Adm
No……..**Class/grade**……
I do/do not approve the transfer
Reason (s)
……..
……

Name ……..…… **Sign**……

OFFICIAL STAMP and **Date**
……

(ii) SCDE OF RECEIVING SUB COUNTY

I have examined the transfer request for:
Student Name ……..
School ……..
Admission No……
Class/Grade……
I do/do not approve the transfer.
Reason (s)
……..
……

Name ……..…… **Sign**……

OFFICIAL STAMP and **Date** ……

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:
Name …….. Admin No. ……
Class/Grade …….
School requested
……...

I do/do not approve the transfer

Reason (s)
……..
……

Name ……..…… **Sign**……

OFFICIAL STAMP and **Date**
……

ii) CDE OF RECEIVING COUNTY

I have scrutinized the request for transfer for:

Name …….. **Adm No**. ……..

School Requested …….

Grade/class…….

Reason (s)
……..
……

Name ……..…… **Sign**……

OFFICIAL STAMP and **Date**
……

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

(ii) RDE CURRENT REGION

I have scrutinized the request for transfer for:

Name …….. **Adm No**. ……..

Grade/class…….

School ……...

I do/do not approve the transfer

Reason(s)

……

Name…….**Sign**…….

OFFICIAL STAMP and **Date** ……..

RDE RECEIVING REGION

I have scrutinized the request for transfer for:

Name …….. **Adm No**. ……..

Grade/class…….

School Requested ……

I do/do not approve the transfer

Reason(s) ……

Name…….**Sign**…….

Date ……

OFFICIAL STAMP ……..