



THE KENYA NATIONAL EXAMINATIONS COUNCIL

REF: KNEC/GEN/EA/EM/KCPE/REG/004/2023/REV 7.1

2023 KCPE EXAMINATION

REGISTRATION RETURN ENVELOPE

A: DECLARATION BY THE HEAD OF INSTITUTION

COUNTY NAME AND CODE: _____

SUB-COUNTY NAME AND CODE: _____

EXAMINATION CENTRE CODE: _____

NAME OF SCHOOL: _____

POSTAL ADDRESS: _____

PHYSICAL ADDRESS: _____

SCHOOL TELEPHONE NO: _____

E-MAIL ADDRESS: _____

NUMBER OF CANDIDATES UPLOADED ON THE KNEC WEBSITE IN 2023

NAME OF THE HEAD TEACHER: _____

HEADTEACHER'S MOBILE PHONE NO: _____

SIGNATURE: _____

DATE: _____ OFFICIAL STAMP:

B: DECLARATION BY SUB COUNTY DIRECTOR OF EDUCATION

I certify that the entries as they appear in the KNEC website are correct and in accordance with the examination rules and regulations.

NAME: _____ SIGNATURE: _____

DATE: _____ OFFICIAL STAMP: