



THE KENYA NATIONAL EXAMINATIONS COUNCIL

KNEC/GEN/EA/EM/KCPE/REG/005/2018/REV 4.2

2018 KCPE EXAMINATION ENTRY FORM FOR PRIVATE CANDIDATES

(TO BE COMPLETED IN DUPLICATE)

TO BE COMPLETED BY THE CANDIDATE

1. **FULL NAME** (in block letters):
 - a) Surname: Mr./Mrs./Miss _____
 - b) Other names: _____
 - c) Address: _____

2. Date of Birth _____
3. Religion: _____
4. Occupation _____
5. Educational standard reached in school: _____
6. State the adult class you are attending and duration you have attended _____
7. Candidate's signature: _____ Date: _____

A. TO BE COMPLETED BY THE SUB-COUNTY ADULT EDUCATION OFFICER

Only if he/she is satisfied that candidate has attained the level of competence required for KCPE.

1. Candidate's ID card No. (Where applicable): _____
2. Registration fees paid – Kshs.: _____
3. Receipt No. (KNEC/P.No.): _____
4. Candidate's Index No.: _____

Name of Sub County Adult Education Officer: _____

Signature: _____ Date: _____

Mobile No: _____

OFFICIAL STAMP:

