



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

E-Mail:nyasoueduc@gmail.com
When replying please quote

Sub County Education Office
Nyandarua South
P.O Box 18-20318
North Kinangop

TRANSFER OF PUPILS

INTER – SUB COUNTY

PART A - TO BE COMPLETED BY THE HEAD TEACHER

PUPILS NAME(S)

PRESENT SCHOOL

1.....

.....

2.....

.....

3. UPI No.....

PERFORMANCE: Above Average:

Below Average

Average

Poor

REASON FOR TRANSFER

.....

.....

NAME..... SIGNED.....

PRESENT HEAD TEACHER

PART B- TO BE COMPLETED BY RECEIVING HEADTEACHER

I HAVE NO OBJECTION – THERE IS A VACANCY FOR THE PUPIL(S)

DATE.....SIGNATURE.....STAMP.....

PART C- TO BE COMPLETED BY RELEASING SCDE/MOE

TO THE BEST OF MY KNOWLEDGE, THE INFORMATION GIVEN IN (A) IS CORRECT

DATE.....SIGNATURE.....

PART D- TO BE COMPLETED BY THE RECEIVING SCDE/MOE

TO THE HEAD TEACHER.....PRIMARY SCHOOL;

THE ABOVE TRANSFER IS APPROVED. PLEASE ACCEPT THE PUPILS, SUBJECT TO
AVAILABILITY OF A VACANCY.

NAME..... SIGNATURE.....DATE.....