LOWER PRIMARY ASSESSMENT BOOKLET

GRADE TWO

LEARNERS DETAILS/GENERAL INFORMATION

NAME.....

LEARNER ID (UPI NO.).....

ANY DISABILITY.....

STAMPED PASSPORT PHOTO

SEX OF THE LEARNER

MALE	FEMALE

DATE OF BIRTH

DATE	MONTH	YEAR

PARENTS/GUARDIAN DETAILS

FATHER'S NAME.....

CONTACT.....**SIGN**.....

MOTHER'S NAME.....

CONTACT..... **SIGN**.....

GUARDIAN'S NAME.....

CONTACT.....**SIGN**.....

FACILITOR'S NAME.....

CONTACT .....**SIGN**.....

EDUCATION ZONE _____

SUB COUNTY _____

COUNTY _____

SCHOOL HEADTEACHER'S STAMP: