



TEACHERS SERVICE COMMISSION
EDUCATION MANAGEMENT INFORMATION SYSTEM(EMIS)
SECONDARY SCHOOLS DATA RETURNS :FORM A
YEAR _____ TERM

GENERAL GUIDELINES AND INSTRUCTIONS

- 1. Read the instructions on the form very carefully before completing.**
- 2. This form is to be completed by the head of the institution. Note: Information provided in this form should be correct. Provision of incorrect information may lead to disciplinary action.**
- 3. All parts of the form must be filled.**
- 4. The information should be captured for the month of May.**
- 5. The form is to be completed in triplicate. The institution should retain the triplicate while the original and duplicate be forwarded to TSC County Director by 31st May.**
- 6. For any query regarding this form contact the TSC County Director.**

DISTRIBUTION

- (i) TSC copy through TSC County Director
- (ii) County Director's Copy
- (iii) Headteacher's Copy

IVA.ORDINARY SCHOOL ENROLMENT (Absent Students already in Term Register should be included)

	FORM 1		FORM 2		FORM 3		FORM 4		TOTAL	
AGE	M	F	M	F	M	F	M	F	M	F
Below 13 yrs										
13 years										
14 Years										
15 Years										
16 Years										
17 Years										
18 years										
Above 18 Years										
Total										
Total M&F										

VA. NUMBER OF STREAMS PER CLASS

	FORM 1	FORM 2	FORM 3	FORM 4	TOTAL
NO. OF STREAMS					

SECONDARY SCHOOLS DATA RETURNS :FORM A

IVB.INTEGRATED SCHOOL ENROLMENT (Absent Students already in Term Register should be included)

FORMS	FORM 1		FORM 2		FORM 3		FORM 4		Total	
	M	F	M	F	M	F	M	F	M	F
Below 13 yrs										
13 years										
14 Years										
15 Years										
16 Years										
17 Years										
18 Years										
Above 18 Years										
TOTAL										
Total M&F										

VB. NUMBER OF STREAMS PER CLASS					
	FORM 1	FORM 2	FORM 3	FORM 4	TOTAL
NO. OF STREAMS					

1. TEACHERS (Should be captured in the following order, H/T,D/HT, senior teacher,teacher ;include absent, on leave/sick- off etc)

S/No.	TSC No.	Cell phone No.	Name	Sex m/f	Date of Birth dd/mm/yy	Nationality Code	Terms of Service Code	Date of First Appointment dd/mm/yy	Grade Code	Date Appointed to the Current grade dd/mm/yy	Qual. Code	Date Posted to current Station dd/mm/yy	Designation Code	Religion Code	Teaching Subjects Combination (Currently Taught)	Specialization code	Lessons Taught/WK (Total)	Signature /Reason for absence/Leave Type)
1																		
2																		
3																		
4																		
5																		
6																		
7																		
8																		
9																		
10																		
11																		
12																		
13																		
<u>Nationality</u>	<u>Terms of Service</u>	<u>Grade Code</u>								<u>Qualification Code</u>			<u>Designation Code</u>		<u>Religion</u>	<u>Specialization code</u>	<u>Reason for absence/Type of Leave</u>	
1. Kenyan	1. Permanent	1. TCTT III	H	16	LECTURER	L	1. Ph.D	1. Principal	1. Catholic	1. Mental(M.H.)	1. Sick Leave							
2. Other Specify	2. Contract	2. ATS IV	H	17	ATS I	L	2. Masters	2. Deputy Principal	2. Protestant	2. Visual (V.H.)	2. Study Leave							
	3. Temporary	3. UTTT	H	18	SNR. GRAD	M	3. Degree	3. HoD	3. Hindu	3. Hearing (H.I.)	3. Maternity							
		4. UTGRAD	J	19	SNR. APPR. Tr	M	4. Diploma	4. Teacher	4. Islam	4. Physical (P.H.)	4. Special Leave							
		5. TCTT II	J	20	SNR. LECTURER	M	5. Diploma(Techn.)		5. Other	5. Multiple (M.H.)	5. Compassionate leave							
		6. TDTT III	J	21	PRINCIPAL III	M	6. Tech. Cert				6. Leave of Absence							
		7. DIP. GRAD I	J	22	PGAT II	N					7. Annual leave							
		8. ATS III	J	23	PAT II	N					8. Other (Specify)							
		9. TCTTI	K	24	P. LECTURER	N												
		10. TDTT II	K	25	PRINCIPAL II	N												
		11. ATS II	K	26	PGAT I	P												
		12. GAT II	K	27	PAT I	P												
		13. ASS.LECTURE	K	28	PRINCIPAL I	P												
		14. TDTT I	L	29	SPGAT	Q												
		15. GAT I	L	30	CPGAT	R												

VI. STAFF ESTABLISHMENT

1. TEACHERS (Should be captured in the following order, H/T,D/HT, teacher ;include absent, on leave/sick- off etc)

S/No.	TSC No.	Cell phone No.	Name	Sex m/f	Date of Birth dd/mm/yy	Nationality Code	Terms of Service Code	Date of First Appointment dd/mm/yy	Grade Code	Date Appointed to the Current grade dd/mm/yy	Qual. Code	Date Posted to current Station dd/mm/yy	Designation Code	Religion Code	Teaching Subjects Combination (Currently Taught)	Specialization code	Lessons Taught/WK (Total)	Signature /Reason for absence/Leave Type)
14																		
15																		
16																		
17																		
18																		
19																		
20																		
21																		
22																		
23																		
24																		
25																		
26																		

DETAILS OF TEACHERS WITH DISABILITY

TSC NO.	NAMES	SEX	TYPE OF DISABILITY

<u>Specialization code</u>
1. Mental(M.H.)
2. Visual (V.H.)
3. Hearing (H.I.)
4. Physical (P.H.)
5. Multiple (M.H.)

SPECIAL REPORTS

No. of Teachers who cannot teach

Full load:

Reasons:

(a) Sickness _____

(b) Disability _____

(c) Other (Specify) _____

No. of periods lost due to absenteeism during the term. -----

VIII. Study Programmes

This part captures information of any Teacher who is pursuing further studies. The information will guide the Commission in future projections and planning.

	TSC NO.	Name	Course of Study	Date Started dd/mm/yy	Expected Date of completion (dd/mm/yy)	Subjects Area of Study	Full Time/Part time
1							
2							
3							
4							
5							
6							
7							
<u>Course of Study Code</u> 1 Diploma 2 Bachelors 3 PGDE 4 Masters 5 Ph.D 6 Other (Specify)		<u>Areas Of Study</u> 1. Languages 3. Chemistry 4. Biology 5. Mathematics 6. Accounting 7. Computer Science 8. Information Technology 9. Education Planning and Administration 11. Special Education 13. Geography 14. History 15. Christian Religion Education 16. Islamic Religious Education 17. Guidance and counselling 18. Economics of Education 19. ECDE course 20. Other Courses(specify)					

I Certify that the information contained in this form is correct.

Head Teacher's		Official Stamp	County Director Name		Official Stamp
TSC No.			Personal No.		
Signature			Signature		
Date			Date		