



Crickhowell High School

Ysgol Uwchradd Crughywel

Examination Resit Request Form

STUDENT NAME:		CANDIDATE NO:	
TUTOR GROUP:		DATE:	

I HEREBY REQUEST AND AUTHORISE THE EXAMINATIONS OFFICER TO ENTER ME FOR THE FOLLOWING EXAMINATION(S) RESIT(S) AND AGREE TO PAY THE COST OF THESE IN FULL. I FULLY UNDERSTAND THAT FAILURE TO PAY THE COST OF THESE RESIT(S) WILL RESULT IN MY APPLICATION BEING WITHDRAWN.

THIS FORM IS FOR ALL RESITS OF ANY LEVEL

SUBJECT / TIER	UNIT / ELEMENT CODE

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IT IS THE RESPONSIBILITY OF THE STUDENT TO ENTER AND PAY FOR THEIR EXAMINATION(S) RESIT(S) AND NOT THEIR FORM TUTOR OR THE EXAMINATIONS OFFICER. CHEQUES MUST BE MADE PAYABLE TO CRICKHOWELL HIGH SCHOOL. COMPLETED FORMS AND PAYMENT MUST BE BROUGHT IN PERSON TO THE EXAMINATIONS OFFICER, MISS JAY SHIPLEY. FORMS SUBMITTED WITHOUT PAYMENT OR INACCURATELY COMPLETED ARE LIKELY TO BE REJECTED.

I ENCLOSE PAYMENT OF:		£	
SIGNED:		DATE:	