**BLESSED EDUCATION: EXAM ENTRY FORM**

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| **Candidate Details** | |
| **First name:** | **Gender:** |
| **Middle name:** | **Date of birth:** |
| **Last name:** | **Age:** |
| **Address:** | **Home Number:** |
| **Mobile Number:** |
| **Email:** |
| **Previous Candidate Number:** | **Previous Centre Number:** |
| **Examination Details** | |
| **Examination to be taken in: Nov□ June□ Other□** | |
| **Level: GCSE□ AS□ A2□ Edexcel □ OCR: L1□ L2□**  **UCI................................................................. ULN..............................................................** | |

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| **For Office use only** |
| **Candidate No:** |
| **Date Received:** |
| **Payment:** |
| **Special considerations:** |
| **Statement sent on:** |
| **Extra time: Yes/No** |

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| **Subject/Module Choice**  **(Please write one unit code/subject code per line)** | | | | | |
| **Subject**  (Eg. Maths) | **Syllabus Code**  (Eg. 1MA0/2F) | **Retake**  Yes or No | **Exam Date** | **Controlled Assessment** | **Fee**  (Fees detailed on reverse) |
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|  |  |  |  | **TOTAL FEES** |  |

**Please ensure that you have completed the form accurately, particularly with regards to the exam board and the subject code. The college will not accept any responsibility for errors and omissions on your part. Any amendments made may incur an extra charge. Please refer to the Terms and Conditions overleaf and sign below to confirm you accept these.**

**Signature of the Student/Parent:……………………………………...Date:…………………………………………………**

