



APPLICATION FOR REPRINT OF SCHOOL RESULTS

To the Principal,

I would like to place in an application for a re-print of my child's school reports. I understand that I will bear the cost of B\$3.00 for each re-print. I also take full responsibility should it be used in any inappropriate manner.

Thank you.

Student's Name:	_____		
Name of Teacher:	_____		
Class Level:	_____	School Year:	_____
Reason for reprint:	_____		

Requesting the reprints of:

TERM WORK RESULTS			
Term 1 <input type="checkbox"/>	Term 2 <input type="checkbox"/>	Term 3 <input type="checkbox"/>	Term 4 <input type="checkbox"/>

EXAMINATION RESULTS	
Mid-Year Exams <input type="checkbox"/>	Year-End Exams <input type="checkbox"/>

Parents/Guardian's Printed Name

Signature

Date of Request

Application will take 1 week to process. Incomplete application will take longer.

Office use only	
Application Received by:	Date:
Receipt Number:	
Remarks:	
Authorised by (print & sign)	Date:
Printed by:	Date: