EXAMINATION RESIT FORM

**EXAM SERIES: AUTUMN 2020**

**This form MUST be returned by EMAIL TO:**

**resultsenquiries@st-albans.suffolk.sch.uk**

**By 12.00pm Wednesday 2nd September 2020**

**Name of Student:**

 / /

**Candidate Number: Date of Birth:**

I wish to be entered for the following exam:

**Subject Title:**

**(One form per subject)**

**Exam Board:**

**Specification Code/s:**

***Can be found on your Summary of Results slip given to you on results day***

**IT IS YOUR RESPONSIBILITY TO CHECK YOU HAVE ENTERED THE CORRECT Specification Code** (check your Results slip for this – or please e-mail the Subject Head of Department)

Further information about dates of exams, results days, and any additional information, will be posted on the school website as and when it becomes available.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Student)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Parent/Guardian)

**Signed:**

# Please provide a contact e-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RESIT FORM AUTUMN 2020**

**Deadline for entries to be returned by:**

**12.00pm Wednesday 2nd September 2020**

**For Examinations Office use only:** Entry Made:

Date rec. Information sent: Date: