Name:



Admission Number:



Class:		Term:	Term:			Year:	
Position:	-/	Pos Last T	「erm:	n:/		Last Term Marks:	
	Subject	Marks		Remarks		Teacher Int.	
	Total						
Class Teacher Comments:					Sign: Okoth Samuel Opiyo		
U - 17 b						notifi Sallider Opiyo	
Head Teacher Comments:					Sig	gn:	
Closing Date	e:		Next Term Beg	ins:			