Name:



Admission Number:



Class:		Term:	Term:			Year:	
Position:	-/	Pos Last T	Pos Last Term:		Last Term Marks: / -		
	Subject	Marks		Remarks		Teacher Int.	
	Total						
01 7 1							
Class Teacher Comments:						Sign: Susan K. Nyiva	
						•	
Head Teacher Comments:					Sig	gn:	
						_	
Closing Date	E:		Next Term B	egins:			