



Name:				Admission Number:		
Class:		Term:			Year:	
Position:	- /	Pos Last T	erm:	-/	Last Term N	Marks: / -
	Subject	Marks		Remarks		Teacher Int.
	Total					
Class Teacher Comments:					S	ign:
						Okoth Samuel Opiyo
Head Teacher Comments:						
						ign:
					L	
Closing Dat	e:		Next Ter	m Begins:		