Name:



Admission Number:



Class:		Term:	Term:		Year:	
Position:	- /	Pos Last T	Pos Last Term:		Last Term Marks:	
	Subject	Marks	Remarks		Teacher Int.	
	Total					
Class Teacher Comments:				ę,	an.	
Head Teacher Comments:					Sign: Okoth Samuel Opiyo	
					gn:	
Closing Date	:		Next Term Begins:			