



Name:				Admission Number:		
Class:		Term:			Year:	
Position:	- /	Pos Last Te	erm:	- /	Last Term N	Marks:/ -
	Subject	Marks		Remarks		Teacher Int.
	Total					
Class Teacher Comments:						ign: Okoth Samuel Opiyo
Head Teacher Comments:					s	ign:
Closing Dat	te:		Next Terr	n Begins:		