Name:



Admission Number:



Class:		Term:		Year:		
Position:	- /	Pos Last To	Pos Last Term:		Last Term Marks: / -	
	Subject	Marks	Remarks		Teacher Int.	
	Total					
Class Teacher Comments:					Sign: Susan K. Nyiva	
					usari N. Ivyiva	
Head Teacher Comments:					gn:	
Closing Date	2:		Next Term Begins:			