

POST RESULTS SERVICE - RETAKES

SUMMER '24

St George's School
National Centre Number: 17505

GCE A LEVEL

CANDIDATE NAME _____ CANDIDATE NUMBER _ _ _ _ _

For the following examinations, I wish to be entered for retakes on the first occasion on which they are offered. I confirm that I have read and accept the conditions set out in the letter that accompanied this form.

BOARD	TITLE	SUBJECT CODE**	COST	<i>For admin.use</i> <i>Date submitted</i>
Total cost				Card/BACS* * Please circle one

**The subject code automatically re-enters all papers in the subject concerned

Signed _____ Date _____

Contact mobile no.	
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THIS FORM MUST BE RETURNED BY THE 6th OF DECEMBER