

MINISTRY OF EDUCATION, TECHNOLOGICAL AND VOCATIONAL TRAINING
BARBADOS, W.I.

BARBADOS SECONDARY SCHOOLS' ENTRANCE EXAMINATION
FORM C

SPECIAL REQUEST

A: TO BE COMPLETED BY PARENT/GUARDIAN

Name of Primary School:.....

Pupil's Name:

BLOCK CAPITALS - SURNAME FIRST

Date of Birth:
YEAR MONTH DAY

Age on 31st August, 2020.....

Name of Parent/Guardian

BLOCK CAPITALS

Request:

Address:

Parent National Registration No.

All requests must be accompanied by the relevant Medical Report or Psychologist Report given not more than one year ago.

.....
Signature of Parent/Guardian

Date:.....

FORMS TO BE COMPLETED AND RETURNED TO PRINCIPAL BY Friday, January 17, 2020

B: TO BE COMPLETED BY PRINCIPAL AND RETURNED TO SENIOR EDUCATION OFFICER
EXAMINATION AND ASSESSMENT SECTION BY FRIDAY 24th JANUARY, 2020.

This is to certify that I have seen the request submitted by the parent/guardian of the pupil.

Name of Principal:.....

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Signature of Principal:.....

Date: