

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, 2019.....

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 18, 2019

B: TO BE COMPLETED BY PRINCIPAL AND RETURNED TO SENIOR EDUCATION OFFICER  
EXAMINATION AND ASSESSMENT SECTION BY **FRIDAY 25th JANUARY, 2019.**

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

Name of Principal:.....

*BLOCK CAPITALS*

Signature of Principal:.....

Date: .....