TO: EXAMS OFFICE -

RE: SCALBY SCHOOL CERTIFICATES

Please complete this section under all circumstances

Full Legal Name at the	e time of exams:		
Date of Birth:-	Year of Lea	Year of Leaving:-	
(Please return to the Exams	Office or email exams@scalbyscl	nool.org.uk)	
	Do NOT remove low	er portions	
	n certificate evening, to make alte cting in person at a later date), ple	rnative arrangements to receive your ase also complete below:-	
(Complete <u>EITHER</u> th	ris section	
certificates) to collect my GC will need to bring along their	CSE certificates as I cannot collect own photographic identification	ert full name of person who will collect the them. This person understands that they (such as a passport or photo driving Examinations Manager to agree a	
Signed:	(Student) Name:		
	*** <u>OR</u> this secti	on***	
Please send my GCSE certi	ficates to me at home as I cannot	collect them.	
My address is:-			
I enclose a cheque (payable delivery.	to SCALBY LEARNING TRUST)	for £7.50 to cover the cost of special	
Signed:	(Student) Name: _		
			
FOR OFFICE USE ONLY			
Date received:-	Amount received:-	Date posted:	