



REPEATERS FOR THE ACADEMIC YEAR _____ - _____

PAGE ____ OF ____

SCHOOL: _____

PARISH: _____

SCHOOL CODE #: _____

PRINCIPAL’S SIGNATURE: _____

DATE: _____

STUDENT ID NO.	STUDENT NAME	ADDRESS	DATE OF BIRTH (dd/mm/yy)	SEX	CLASS REPEATING					
					Infants A	Infants B	Class 1	Class 2	Class 3	Class 4