

ACCESS TO SCRIPTS

Candidate details

Centre Number:	4	6	4	3	1	Centre Name:	Kirkham Grammar School
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Candidate Name:		Form Group:	
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Candidate Number:						Phone Number:									
Email:					Mobile Number:										

Details of script(s) to be returned

Subject:	Paper Unit	GCE	GCSE
Examination Board: AQA / OCR / EdExcel / WJEC / Cambridge		Photocopy	Original

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Cost £	Cheque <input type="checkbox"/> <small>(Cheques payable to 'KGS')</small>	Cash <input type="checkbox"/>	Student A/C <input type="checkbox"/> <small>(Boarders only)</small>
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Please tick ONE of the boxes below:

If any of my scripts are used in the classroom I do not wish anyone to know it is mine. My name and candidate number must be removed.

If any of my scripts are used in the classroom I have no objection to other people knowing they are mine.

Signed:	Dated:
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