

**Exam re-sit entry form**

*Please complete the boxes below in BLOCK CAPITALS*

**Your details**

<b>Candidate forename</b>		<b>Candidate surname</b>	
<b>Date of birth</b>			
<b>Contact phone number</b>			
<b>Contact email address</b>			

**Exam Details**

Subject(s) to re-sit	Fee(s)
	£
	£
	£
	£
	£
	£

**Candidate confirmation**

**Tick the box to confirm the statement**

- This is a re-sit entry for the results received in August 2020. I have read and understood that I must include a cheque payable to **Hollingworth Academy** for the exam fee and that if I attend the exam I will be given a full refund on all fees paid.

**By signing here, I am confirming that to the best of my knowledge all details provided are correct:**

..... **Date:** .....

FOR EXAMS OFFICE USE ONLY	
Date form received	
Payment received	£
Date entry made to awarding body	