**KING EDWARD VI CAMP HILL SCHOOL FOR GIRLS**

**POST RESULTS SERVICE APPLICATION**

**SUMMER 2023**

### PERSONAL DETAILS

|  |  |
| --- | --- |
| **Name:** | **Contact Telephone Number:** |
| **Exam Number:** | **Email address:** |

**SERVICE NUMBERS – a description of each service is available within your results envelope**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. Clerical Re-Check | 2. Review of marking | 3. Priority Review of marking (A level only) | 4. Copy of script to support review of marking | 5. Access to script |

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| --- | --- | --- | --- | --- |
| **Exam Board** | **Exam Title** | **Unit Code/**  **Paper No** | **Service No. (see above)** | **Cost** |
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|  |  | **Total cost** | |  |

**PLEASE NOTE: THE COST IS FOR EACH PAPER AND NOT PER SUBJECT**

I give my consent to the head of my examination centre to make an enquiry about the result of the examination(s) listed above. In giving consent, I understand that the final subject grade awarded to me following an enquiry about the result and any subsequent appeal may be lower than, higher than, or the same as the grade which was originally awarded for this subject.

***Tick ONE of the boxes below if you are requesting a script***

□ 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.

|  |  |
| --- | --- |
| **Candidate’s Signature:** | **Date:** |

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**INSTRUCTIONS**

**Please return the completed form to** [**Ms Cloves**](mailto:Ms%20Cloves) **by email on** [**r.cloves@kechg.org.uk**](mailto:r.cloves@kechg.org.uk) **or take to the exams office, by the deadline date.**

**Payment must be made by ParentPay:**

**GCSE Post Result Services Summer 2023 or A Level Post Result Services Summer 2023**

**Once your payment is received your Post Result Service request will be processed**

|  |  |  |
| --- | --- | --- |
| **For Office use only** | | |
| Fee to be paid by: tick as appropriate | Candidate School | |
| Payment received: | Amount: | Date: |
| Date service applied for online: | Date of outcome received in exams: | |
| Date of outcome issued to candidate: | Date of refund of payment if grade changes: | |