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

**POST RESULTS SERVICE APPLICATION**

**SUMMER 2025**

**PERSONAL DETAILS**

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

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

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| --- | --- | --- | --- | --- |
| 1. Clerical Re-Check | 2. Review of marking | 2a. Review of marking with a copy of reviewed script | 3. Priority Review of marking (A level only) | 4. 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 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** **by email on** **r.cloves@chg.kevibham.org** **or take to the main office, by the deadline date.**

**Payment must be made by ParentPay under:**

**Post Result Services - Summer 2025**

**Once this form and payment is received your Post Result Service request will be processed.**