

CAPE & CSEC REGISTRATION FORM FOR MAY / JUNE 2022 EXAMINATIONS

Please complete or tick where appropriate.

 CAPE

 CSEC

Full Name: _____ **Address:** _____

(name should be the same used for CSEC or CAPE previously):

Address: _____ **Telephone Numbers** _____(C) _____(H)

Email Address: _____ **Date of Birth** (type month in letters): _____

Gender: Male

Female

Previous Candidate Number: _____

SUBJECT	UNIT	LECTURER	SBA Options –insert “Y” for “yes” or “N” for “No” One must be ticked for each unit			
			SBA	TRANSFER SBA MARK FROM UNIT 1 TO 2	TRANSFER SBA MARK FROM UNIT 2 TO 1	RE-USE SBA MARK /RE- USE

*****FOR OFFICIAL USE *****

Inputted by: _____ Date: _____