



SBCS

**INTERNATIONAL GENERAL CERTIFICATE OF SECONDARY
EDUCATION**

EXAMINATION ENTRY FORM

TO BE COMPLETED BY IGCSE, AS & A LEVEL CANDIDATE IN **BLOCK CAPITAL LETTERS**

1. DECLARATION OF CANDIDATE

I,
First Name Surname **(Complete in BLOCK LETTERS)**

declare that I make this entry in accordance with the issued instructions which I have read and understood, and that I have given all the information required truthfully and accurately to the best of my knowledge. I understand that I shall be allowed to sit only those subject(s) as indicated on this form. I further understand that my application will not be considered if incorrect information is supplied.

.....
Signature of Candidate

.....
Date – dd/mm/yyyy

2. CENTRE INFORMATION

STATUS (tick as necessary)

Centre ☐

Private ☐

Guest ☐

PARENT CENTRE

Institution Name:

Institution Address:

Contact Information: (Phone #)

Parent Centre MOE Reg #:

Candidate Number at Parent Centre:

3. EXAMINATION SPECIFICATION

Please tick the correct exam category below:

☐ Pearson Edexcel International Advanced Level (IAL) and Advanced Subsidiary Level

☐ Pearson Edexcel General Certificate of Education (GCE)

☐ Pearson Edexcel International General Certificate of Secondary Education (International IGCSE)

4. CANDIDATE INFORMATION

Mr/Mrs/Miss/Ms
First Name Middle name

.....
Last Name Gender (M/F)

Date of Birth ID Card / Drivers Permit/ Passport #.....
dd/mm/yyyy

Home Address
.....

Telephone number (H) (C) (W)

Email Address

5. EXAMINATION DETAILS (WRITE CLEARLY)

| Subject Name | Subject Code & Option | Exam Fee (GBP\$) per exam |
|--------------|-----------------------|------------------------------|
| | | |
| | | |
| | | |
| | | |
| | | |

FOR OFFICIAL USE ONLY

UCI #: 91808B202 _ _ _

Receipt #.....

Payment Made \$.....

Received by:
(PRINT NAME)

of Subjects:

REGISTRATION COMPLETED

.....
Signature of SBCS Official