MINISTRY OF EDUCATION

For Official Use Only

SCHOOL CODE........................................

CENTRE NO..............................................

EXAMINATION CENTRE.......................

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LOWER SECONDARY PROFICIENCY EXAMINATION (LSPE) 2025

**ENTRY FORM**

FULL NAME OF SCHOOL/ ADULT CLASS........................................................................................................................

POSTAL ADDRESS................................................................................................................................................................

PHONE NO........................................................

| Names of Candidates to be Written in BLOCK LETTERS | | | SEX  **(4)** | Date Of Birth  Year-Month-Day  **(5)** | **REPEATERS ONLY** | | | | | | Signature of Candidate  **(11)** | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Surname  **(1)** | First Name  **(2)** | Birth Pin No.  **(3)** | **Repeater** | **School/s Attended**  **(6)** | Year/s Exam Taken  **(7)** | Candidate No. Used  **(8)** | Subjects Passed  **(9)** | Subjects to be Repeated  **(Only Subjects Failed)**  **(10)** |
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