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 BirthYear-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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