**Summer 2024**

**ENQUIRY ABOUT RESULTS REQUEST FORM - GCE**

**Centre: Alsager School Centre Number: 40601**

If your examination centre makes an enquiry on your behalf about the result of one of your examinations after your subject grade has been issued, there are three possible outcomes:

* + Your original mark is confirmed as correct and there is no change to your grade
  + Your original mark is raised, so your final grade may be higher than the original grade you received
  + **Your original mark is lowered, so your final grade may be lower than the original grade you received**

**Please circle one of the following: CANDIDATE REQUEST FACULTY REQUEST**

|  |  |
| --- | --- |
| **Candidate Name** |  |
| **Candidate Number** |  |
| **Candidate email (outcomes will be emailed)** |  |
| **Exam Board** |  |
| **Exam Paper** |  |
| **Paper/unit Code (check this carefully)** |  |

|  |  |  |
| --- | --- | --- |
| **Post Results Service** | **Tick** | **Price** |
| **Service 1** Clerical Re-check |  |  |
| Copy of clerically checked script |  |  |
| **Service 2** Review of Marking |  |  |
| Copy of reviewed script |  |  |
| **Service 2P** Priority Review of Marking |  |  |
| Administration Fee |  | £2.00 |
| **Total Price** |  |  |

I give my consent for Alsager School to request the Post Results Services detailed above and I agree to pay any fees on ParentPay that may be incurred. In giving consent, I understand that if a script is to be re-marked, the final subject grade awarded to me may be lower than, higher than or the same as the grade that was originally awarded for this subject.

**Candidate signature**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FACULTY REQUESTS (Must be signed by the budget holder to authorise payment from faculty budget)**

**Head of Faculty signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**