



**APPLICATION FOR TRANSCRIPT / TESTIMONIAL**

Name of Student : \_\_\_\_\_ Date: \_\_\_\_\_

Tutor Group / Yr : \_\_\_\_\_ Handphone no: \_\_\_\_\_

Date Joined : \_\_\_\_\_ Date Left : \_\_\_\_\_

Transcript: Please tick  Yes  No

\* Testimonial: Please tick  Yes  No

Other (please specify): \_\_\_\_\_

Is this your first request? Please tick  Yes  No

State the reasons for this request:

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

***\* Students Years 1 - 5: Please attach the application form of the school to which you are applying and submit to CCO for approval:***

\_\_\_\_\_

Please note:

1. Transcripts are issued to all students upon graduation at the end of Year 6.
2. One copy will be issued per student in other year groups upon request.
3. A fee of \$5 per copy is charged for a repeated request or for multiple copies.
4. Please allow minimum 15 days to process.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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No. of copies: \_\_\_\_\_ Collection Date: \_\_\_\_\_

Payment received from: \_\_\_\_\_ Amount: \_\_\_\_\_

Acknowledge receipt: \_\_\_\_\_