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# School Examination Form

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## 1. Student Information

- Full Name: \_\_\_\_\_
- Grade: \_\_\_\_\_
- Date of Birth: \_\_\_\_\_
- Gender: \_\_\_\_\_
- Address: \_\_\_\_\_
- Parent/Guardian Contact Number: \_\_\_\_\_

## 2. Examination Details

Subject	Exam Date	Exam Time	Teacher
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## 3. Medical Information

- Any Medical Conditions: \_\_\_\_\_
- Current Medications: \_\_\_\_\_
- Allergies: \_\_\_\_\_

#### 4. Special Requirements

- Accessibility Needs: \_\_\_\_\_
- Other Accommodations: \_\_\_\_\_

#### 5. Declaration and Signature

- I declare that the information provided is true and accurate to the best of my knowledge.
- Parent/Guardian Signature: \_\_\_\_\_
- Date: \_\_\_\_\_
- Student's Signature: \_\_\_\_\_
- Date: \_\_\_\_\_