**ATS ACCESS TO SCRIPTS APPLICATION FORM – SUMMER 2024**

Students who are surprised and disappointed with a subject result may wish to see a photocopy of a script before deciding upon a re-mark. Scripts arrive at the exams office electronically and will be forwarded to students via email. An electronic copy of the relevant mark scheme will also be emailed to students to use when checking scripts for potential errors etc. Where possible, students are advised to seek guidance from teaching staff before deciding on a re-mark.

**Students are respectfully asked NOT to request copies of scripts unless seriously considering a re-mark.**

**\*GCE (A’LEVEL) PRIORITY DEADLINE** = (2PM) 21ST AUG 2024 **NON-PRIORITY DEADLINE** = 24TH SEPT 2024

**GCSE PRIORITY DEADLINE** (Pearson’s only) = (2PM) 4TH SEPT 2024 **NON-PRIORITY DEADLINE** = 24TH SEPT 2024

**IMPORTANT** – TO VIEW YOUR SCRIPT(S) **BEFORE** DECIDING ON A RE-MARK (excluding Priority), PLEASE SUBMIT YOUR APPLICATION BY 20TH SEPTEMBER AS NON-PRIORITY SCRIPTS MAY ARRIVE AFTER THE DEADLINE FOR RE-MARKS ON 24TH SEPTEMBER 2024.

**IMPORTANT** – Original returned scripts **cannot** be re-marked, therefore, students are advised to select ‘Priority’ photocopies where available.

\*There is no guarantee that your script will arrive before the priority **re-mark** deadline on 21ST August but every effort will be made. The earlier you submit your request, the better the chance. Please ensure that your request is acknowledged by Mrs Hill-Jones within 2 hours of your emailed request (if not hand delivered).

**IMPORTANT – THE EXAMS OFFICE WILL BE CLOSED FROM 26TH AUG UNTIL 2ND SEPT.**

**PLEASE WAIT UNTIL AFTER 4th SEPT 2024 TO SUBMIT NON-PRIORITY APPLICATIONS.**

**HOWEVER, YOU SHOULD EMAIL exams@wkgs.net WITH ANY URGENT ENQUIRIES DURING THIS TIME.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Full name** | Enter text. | **Cand No:** | Candidate number | **Form** | Enter Form |

PLEASE CHECK YOUR ‘STATEMENT OF RESULTS’ TO ENSURE THAT YOU HAVE RECORDED THE EXACT COMPONENT CODE(S) BELOW. IF IN DOUBT PLEASE LEAVE BLANK AND CHECK WITH EXAMINATIONS MANAGER.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **EXAM BOARD** | **SUBJECT** | **COMPONENT (1,2 or 3)** | **CODE** | **PRI/NON PRI** |  | ***DATE REC*** | ***EMAIL/PHONE*** |
| Exam Board 1 | enter text. | Choose an item. | enter text. | enter text. |  |  |
| Exam Board 2 | enter text. | Choose an item. | enter text. | enter text. |  |  |
| Exam Board 3 | enter text. | Choose an item. | enter text. | enter text. |  |  |
| Exam Board 4 | enter text. | Choose an item. | enter text. | enter text. |  |  |
| Exam Board 5 | enter text. | Choose an item. | enter text. | enter text. |  |  |

(Electronic signature accepted)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **STUDENT’S SIGNATURE** | enter text. | | | **DATE:** enter a date. |
| **STUDENT’S WKGS EMAIL** | enter text. | | | |
| **ALTERNATIVE EMAIL ADDRESS** | |  | enter text. | | |

FOR OFFICE USE:

SCRIPTS ORDERED:……………………………………………….

ALL SCRIPTS RECEIVED:…………………………………………

ALL SCRIPTS & M/S SENT TO STUDENT:……………………… SIGNED:………………………………………………………………..