

PRIMARY EXIT PROFILE (PEP6) 2025

SCHOOL NAME: _____ PARISH: _____

LAST NAME: _____

FIRST NAME: _____

MIDDLE NAME: _____

Gender	Date of Birth	Birth Reg. No	PATH

Special Needs	SRN	Exam Reg. No

ADDRESS: _____

MOTHER'S NAME: _____ MOTHER'S CONTACT: _____

FATHER'S NAME: _____ FATHER'S CONTACT: _____

GUARDIAN: _____ GUARDIAN'S CONTACT: _____

EMAIL ADDRESS: _____

SCHOOL CHOICES

FIRST CHOICE: _____

SECOND CHOICE: _____

THIRD CHOICE: _____

FOURTH CHOICE: _____

FIFTH CHOICE: _____

CLUSTER CHOICES

SIXTH CHOICE: _____

SEVENTH CHOICE: _____

PLEASE MAKE ANY NOTES REGARDING CORRECTIONS OR SPECIAL INSTRUCTIONS

I, the undersigned, have verified that the information above is deemed correct

SIGNATURE OF PARENT / GUARDIAN _____

SIGNATURE OF PRINCIPAL _____

DATE: _____

DATE: _____