

**MASTERLIST OF ALS A&E TEST REGISTRANTS/TEST TAKERS PER TESTING ROOM BY 30s
SECONDARY LEVEL**

NAME OF TESTING CENTER: _____

Region: _____

ROOM NUMBER: _____

Division: _____

DATE OF TEST: _____

District: _____

NAME OF TEST REGISTRANT/TEST TAKER (Surname first in alphabetical order)	DATE OF BIRTH	SEX	LAST GR./YR. ATTENDED	REMARKS Tick (✓) that which is applicable		Learner Reference Number (LRN)
				No Learning Intervention	With ALS Learning Intervention	
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
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17						
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21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
TOTAL NUMBER OF TEST REGISTRANTS =						

Prepared by: _____

Recommending Approval: _____

Approved by: _____

Name & Signature of TRO

Division ALS Supervisor

Schools Div. Superintendent

Reminders to the TRO:

1. Accomplish this form in four (4) copies.
2. Submit one (1) copy to BALS on or before August 5, 2013.
3. Provide one (1) copy each to the ALS Supervisor and to the Testing Center Administrator.
4. Fourth copy shall be provided to the Room Examiner as reference for accepting qualified examinees/test takers.