Form SP1 2026

Coimisiún na Scrúduithe Stáit
State Examinations Commission

TO BE COMPLETED INDIVIDUALLY FOR EACH SPECIAL CENTRE SUPERINTENDENT

STATE EXAMINATIONS 2026

CLAIM FOR REFUND OF FEES PAID TO SCHOOL APPOINTED SUPERINTENDENTS WHERE REASONABLE ACCOMMODATION ARISES

Name (BLOCK CAPITALS): _____ **PPS NO:**_____

School: _____ **School Roll No:** _____

Separate Centre Number	Exam Number OR **if * SHARED CENTRE: A, B, C etc.**	Primary Duties i.e. Superintendent, Reader, Scribe	Date	Rate €71.07/€54.23 (Non-SNA/SNA)	Session Please Tick √		Total Amount
					AM	PM	
			/6/26				
			/6/26				
			/6/26				
			/6/26				
			/6/26				
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			/6/26				
			/6/26				
						Sub - Total:	
						Plus 0.7% PRSI:	
						TOTAL:	

*** SHARED CENTRE CANDIDATE EXAMINATION NUMBERS:**		
A:	B:	C:
D:	E:	F:
G:	H:	I:
Shared centre number:		

Approved SNA (Y/N): _____
SNA's Own Candidate (Y/N): _____

Signed: _____
Superintendent

Date: _____

DECLARATION:
I certify that

(a) The person named above has carried out their duties in a satisfactory manner.
(b) I have paid to the Revenue Commissioners the appropriate PAYE / PRSI and USC.
(c) I have paid to the Revenue Commissioner's the employers PRSI and applied PRSI class J1.

Signed: _____ **Date:** _____
Principal

Please note: Use only ONE signed Form SP1 2026 for each superintendent