



EASTERN CAPE EDUCATION DEPARTMENT

APPLICATION FOR EXEMPTION FROM COMPULSORY SCHOOL ATTENDANCE

In accordance with the East Cape Education Act (Act No 1 of 1999 section 44)
application is made in respect of the following learner

LEARNER INFORMATION

NAME OF LEARNER																					
DATE OF BIRTH																					
IDENTITY NUMBER	<table border="1" style="width: 100%; height: 15px; border-collapse: collapse;"> <tr> <td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td> </tr> </table>																				

PRESENT SCHOOL INFORMATION

NAME SCHOOL		
ADDRESS SCHOOL		
TELEPHONE NUMBER OF SCHOOL		
DATE OF ADMISSION		
PRESENT GRADE/PHASE		

EXEMPTION IS REQUESTED FOR THE FOLLOWING REASONS:

	is not able to follow the educational programme concerned
	derives no benefit or further benefit from the educational programme at a school
	is receiving suitable education or treatment at a place other than a school
	is not capable of attending a school as a result of continuous ill-health
	has reached the age of fifteen years or has completed the ninth grade, whichever occurs first.
	has fallen pregnant
	has married

A report from the Principal and other relevant medical or psychological reports should be attached.

Name of Parent _____ (Print) Signature _____ Date _____

Name of Principal: _____ (Print) Signature _____ Date _____

FOR OFFICIAL USE:

DISTRICT OFFICE

Recommended / Not recommended	
_____	_____
EDUCATION DEVELOPMENT OFFICER	DATE
Recommended / Not recommended	
_____	_____
DISTRICT DIRECTOR	DATE

HEAD OFFICE

Recommended / Not recommended	
_____	_____
DIRECTOR:	DATE

Recommended / Not recommended	
_____	_____
CHIEF DIRECTOR:	DATE

Recommended / Not recommended	
_____	_____
DEPUTY DIRECTOR GENERAL	DATE

Approved / Not approved	
_____	_____
SUPERINTENDENT GENERAL	DATE