

FORM EGF/IS

REGISTRATION REQUIREMENTS CHECKLIST

NAME OF SCHOOL : _____

DISTRICT : _____

CO-ORDINATOR : _____

DATE : _____

NO's	DOCUMENT DESCRIPTION	YES/ NO	DATE
1.	Constitution as referred to in 3(2)(a)		
2.	Registration as non profit organization		
3.	C.K. Number		
4.	Health Certificate		
5.	Principal's Qualification		
6.	Owner Profile		
7.	Sample of Educator's Contract		
8.	Sample of Parent Contract		
9.	Lease Contract		
10.	Floor Plan		
11.	Re-zoning Certificate		

NOTE:

NO APPLICATIONS SHOULD BE SENT TO THE HEAD OFFICE UNLESS THEY HAVE ALL THE DOCUMENTS MENTIONED ABOVE.

IF ANY OF THE ABOVE DOCUMENTS IS NOT SUBMITTED THE APPLICATION WILL NOT BE PROCESSED AND WILL BE RETURNED TO DISTRICT.

SIGNATURE: DISTRICT CO-ORDINATOR

DATE

CONTACT NUMBER

FORM EGF/IS

 <p>Province of the Eastern Cape DEPARTMENT OF EDUCATION SOUTH AFRICA</p>	Physical Address: Steve Vukile Tshwete Education Complex Zone 6, Zwelitsha Postal Address: Private Bag X0032, BISHO, 5605 Telephone: 040 608 4042 Fax: 040 608 4485
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APPLICATION FOR REGISTRATION AS AN INDEPENDENT SCHOOL

1. Proposed name of the school

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2. District

Cluster

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3. Physical address

3. Postal address

5. Owner of the school

6. Postal Address of the owner

Tel:	
Fax:	
Cell:	

7	Is the school to be managed on behalf of a religious society or some other body?	Yes	No

8. If the answer above is yes give details

Name:	Contact Person:
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Address:	Tel:
	Fax:
	Cell:

9.

Is the land and or building owned by the school or rented	
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10

Have occupational rights in respect of the site been obtained for educational purposes	Yes	No
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11. Estimated number of learners per grade

R	1	2	3	4	5	6	7	8	9	10	11	12	Total

12. Information about the nearest school

Name of school	Public/ Private	Primary/ Secondary	Distance

Signature of the Applicant

Date

Declaration by the Education Development Officer (EDO)

I hereby declare that the particulars furnished in this form are correct as far as I have been able to ascertain.

Comments _____

Education Development Officer

Date

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Recommendation by the District Director

Recommended/ not recommended

Comments _____

District Director

Date

Recommendation by the Cluster Chief Director

Recommended/ not recommended

Comments _____

Cluster Chief Director

Date

Recommendation by the ESS Chief Director

Recommended/ not recommended

Comments _____

Acting Chief Director: ESSS
TJZ MTYIDA

Date

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Approval by the Head of Department

Approved/ Not Approved

Comments _____

ML Ngonzo
Head: Department of Education
