

EASTERN CAPE DEPARTMENT OF EDUCATION

APPLICATION FOR THE CLOSING DOWN OF A SCHOOL

Public Schools should complete Sections A,B,C,D,E,F,G. Independent Schools should complete Sections A,B,C.

NOTE: ONCE APPROVAL HAS BEEN OBTAINED A COPY OF THIS FORM MUST BE SENT TO EMIS FOR CAPTURE ON THE DATA BASE OF SCHOOLS!

A Cabaal Information							
A Sch	hool Information EMIS No.						
	Name of School						
	District						
	Type (e.g. Junior Prim	any)					
	Grading (e.g. P4)	laly)					
	Status of school prope	erty State owned P	Private (free) Private (leased)				
	Closing date	otate owned	Tivate (nee)				
	Olosing date						
	Reasons for closing						
		oupils concerned and th	e schools where they will / be/have				
bee	en accommodated.						
		\A# .					
Nur	mber:	Where to	ha anralladı				
1.0		where to	be enrolled:				
	<u></u>	which to	be enroned.				
1		1	be enrolled.				
		1	be enrolled.				
1 2 			be enrolled.				
1		1	be enrolled.				
1 2 3 		1 2 3	be enrolled.				
1 2 		1 2	be enrolled.				
1 2 3 4		1 2 3	be enrolled.				
1 2 3 4	ucators and posts Number of	1 2 3 4	Name of schools where				
1 2 3 4	ucators and posts	1 2 3					
1 2	ucators and posts Number of educators:	1 2 3 4	Name of schools where Accommodated:				
1 2 3 4	ucators and posts Number of educators:	1 2 3 4	Name of schools where				
1 2	ucators and posts Number of educators:	1 2 3 4 Posts: 1	Name of schools where Accommodated:				
1 2 3 4 C Edu	ucators and posts Number of educators:	1 2 3 4	Name of schools where Accommodated:1				
1 2 3 4 C Edu	ucators and posts Number of educators:	1 2 3 4 Posts: 1	Name of schools where Accommodated:1				
1 2	ucators and posts Number of educators:	Posts: 1 2 3 4 Posts: 1 2 3	Name of schools where Accommodated:				
1 2 3 4	ucators and posts Number of educators:	1 2 3 4 Posts: 1 2 3 4 2 2 2 2 2 2 2 3 2 3 3 3 4 2 3	Name of schools where Accommodated: 1 2				

D	Stock						
	Name of school/s transferred to:						
	1.						
	2						
i	3						/
	4						
<u> </u>							
E	Where pupils, educators and/or stock are not transferred, give reasons / arrangements (Please Note : Continuous education is essential)						
i							
i							/
i							/
i							
F	Full reasons for late reporting of closing where applic	cable					
<u> </u>	Full leaders for fate reporting or occome minor applied	,a					
i			· 				
1							
1			· 				
1							
G	Indicate steps taken/anticipated regarding School Gov	vern	ing	Bodie	s		
							_
Н	Indicate steps taken to secure the school building after	er ev	/acı	uation			
4							
4							
4							
 							
	Date of proposed dissolution	Υ	Υ	YY	M	M	D D
	ne of Principal:	DA	λΤΕ				
(Prin	it)						
Sign	nature of Principal:						
.]							
	Name of Chairperson of School Governing Body:						
(Prin	it)						
Sign	Signature of Chairperson of School Governing Body:						
DATI	E						
А							

FOR OFFICIAL USE:

Recommended / Not recommended	
EDUCATION DEVELOPMENT OFFICER	DATE
Recommended / Not recommended	
DISTRICT DIRECTOR	DATE
Decrees ded / Net recommended	
Recommended / Not recommended	
DIRECTOR:	DATE
Recommended / Not recommended	
Recommended / Not recommended	
OUIEE DIDECTOR	DATE
CHIEF DIRECTOR	DATE
Recommended / Not recommended	
Neconiniciaca / Not reconiniciaca	
DEPUTY DIRECTOR GENERAL	DATE
DEI OTT DIRECTOR GENERAL	DAIL
Approved / Not approved	
- ipproved in the second secon	
SUPERINTENDENT GENERAL	DATE