



EASTERN CAPE DEPARTMENT OF EDUCATION

APPLICATION FOR THE CHANGE OF THE NAME OF AN EXISTING SCHOOL

SCHOOL			
EXAMINATION CENTRE NO.		EMIS NO.	

1.	PHYSICAL ADDRESS	POSTAL ADDRESS

2.	LOCATION :	
	2.1 CLUSTER	
	2.2 DISTRICT	
	2.3 CIRCUIT	
	2.4 RESIDENTIAL AREA	
	2.5 TOWN / CITY	

3.	PROPOSED NEW NAME	
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4.	REASONS FOR CHANGE OF NAME

_____	_____
PRINCIPAL	DATE
_____	_____
CHAIRPERSON OF SCHOOL GOVERNING BODY	DATE

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

FOR OFFICIAL USE:

- 1. I hereby recommend / do not recommend the change of name.
- 2. Motivation _____

EDUCATION DEVELOPMENT OFFICER

DATE

RECOMMENDED	NOT RECOMMENDED
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Comments _____

DISTRICT DIRECTOR

DATE

RECOMMENDED	NOT RECOMMENDED
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Comments _____

DIRECTOR:

DATE

RECOMMENDED	NOT RECOMMENDED
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Comments _____

CHIEF DIRECTOR

DATE

RECOMMENDED	NOT RECOMMENDED
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Comments _____

DEPUTY DIRECTOR GENERAL

DATE

APPROVED	NOT APPROVED
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Comments _____

**SUPERINTENDENT GENERAL
DEPARTMENT OF EDUCATION**

DATE