

Province of the EASTERN CAPE

DEPARTMENT OF EDUCATION

**DECLARATION**

<b>NAME OF DISTRICT</b>	
<b>NAME OF SCHOOL</b>	
<b>NAME OF PRINCIPAL</b>	
<b>CONTACT NO OF PRINCIPAL</b>	

**DECLARATION****ANNUAL NATIONAL ASSESSMENT (ANA) PRELIMINARY SCHEDULE OF ENTRIES**

I declare the following:

1. I have overseen the process of the checking of the ANA preliminary schedule of entries for Grades 1 – 6 & 9 as relevant to the school.
2. The corrections or changes to be made to this schedule have been indicated in **RED**.
3. I understand that no further schedule will be issued for the school.
4. I declare that all the learners indicated on the/these schedule/s are enrolled at the school.

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 FULL NAME OF PRINCIPAL

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 SIGNATURE OF PRINCIPAL

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 DATE

**SCHOOL  
STAMP**

