



ASSESSMENT AND EXAMINATIONS DIRECTORATE

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REPUBLIC OF SOUTH AFRICA * REFERENCE 13/P

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ASSESSMENT INSTRUCTION 24 OF 2010

**TO: DEPUTY DIRECTOR-GENERAL
CHIEF DIRECTORS
HEAD OFFICE DIRECTORS AND DISTRICT DIRECTORS
CHIEF EDUCATION SPECIALISTS
EDUCATION DEVELOPMENT OFFICERS
DEPUTY CHIEF / SENIOR EDUCATION SPECIALISTS
PRINCIPALS OF PUBLIC AND INDEPENDENT SCHOOLS (GRADE 10-12)
TEACHER UNIONS / ORGANISATIONS
SCHOOL GOVERNING BODIES**

DATE: 10 MARCH 2010

Registration of Learners: Grade 10

1. ANNUAL LEARNER REGISTRATION

Grade 10 learners must be registered each year as they start the three year cycle that constitutes the National Senior Certificate qualification.

2. COMPLETION OF REGISTRATION FORMS

- Principals are required to manage the process of completing the attached forms for relevant learners in the school.
- These forms are to be completed in full and returned to the Examinations Unit at the District Office by no later than **Friday 26 March 2010**
- Principals are urged to meet due dates. The meeting of the set due date is mandatory for all schools.
- The lack of reliable statistics impacts on service delivery to schools.

3. GRADE 10 REGISTRATION FORMS (ANNEXURE A)

- Grade 10 registration forms are to be completed for each Grade 10 learner in the school. These are available from the District Office Examinations Unit.

- The process of learner registration must be strictly managed by the Principal, or his/her delegated official, to ensure accuracy of the information submitted.

4. GRADE 10 (ANNEXURE B)

- The summary form is to be completed with the statistics required. This may be done on computer by the schools that have such facilities, but kindly print out on A4 paper and set out as the original. This form to be signed and include an original imprint of the school stamp.

The co-operation of Principals and teachers in this important exercise is appreciated.

S.P. GOVENDER
CHIEF DIRECTOR: CURRICULUM MANAGEMENT

D. Subjects and Codes

		E	A
Afrikaans Home Language	AFRHL		
Afrikaans First Additional Language	AFRFA		
English Home Language	ENGHL		
English First Additional Language	ENGFA		
IsiXhosa Home Language	XHOHL		
IsiXhosa First Additional Language	XHOFA		
IsiZulu Home Language	ZULHL		
Sesotho Home Language	SESHL		
Mathematical Literacy	MLIT		
Mathematics	MATH		
Life Orientation	LIFE		
Agricultural Management Practices	AGRM		
Agricultural Science	AGRS		
Agricultural Technology	AGRT		
Dance Studies	DNCE		
Design	DSGN		
Dramatic Arts	DRMA		
Music	MUSC		
Visual Arts	VSLA		
Accounting	ACCN		
Business Studies	BSTD		
Economics	ECON		
Afrikaans Second Additional Language	AFRSA		
IsiXhosa Second Additional Language	XHOSA		
Civil Technology	CVLT		
Electrical Technology	ELTT		
Mechanical Technology	MCHT		
Engineering Graphics and Design	GRDES		
Geography	GEOG		
History	HIST		
Religion Studies	RLGS		
Computer Applications Technology	CATN		
Information Technology	INFT		
Life Sciences	LFSC		
Physical Sciences	PHSC		
Consumer Studies	CNST		
Hospitality Studies	HOSP		
Tourism	TRSM		
Arabic Second Additional Language	ARBSA		
French Second Additional Language	FRHSA		
German Second Additional Language	GRMSA		

Candidates Signature	Date	Parent/Guardian Surname & Initials (Please Print)	Parent/Guardian Signature	Date
I certify that this candidate satisfies attendance, conduct and assessment requirements to be registered for NSC and that the details are correct in all aspects				
Teacher Responsible Surname & Initials (Please Print)		Principal Surname & Initials (Please Print)		

ANNEXURE B ASSESSMENT INSTRUCTION 24 of 2010

NAME OF SCHOOL		EMIS NO	
DISTRICT		EXAM CENTRE NO	
			NUMBER
TOTAL NO OF LEARNERS IN GRADE 10			
NO OF GRADE 10 CLASSES			
AVERAGE NO OF LEARNERS PER CLASS			
NO OF LEARNERS IN GRADE FOR 1 ST YEAR			
NO OF LEARNERS IN GRADE FOR 2 ND YEAR			
NO OF LEARNERS IN GRADE FOR 3 RD YEAR			
NO OF LEARNERS IN GRADE WITH SPECIAL NEEDS			
NO OF IMMIGRANT LEARNERS IN GRADE			

NAMES OF GRADE 10 EDUCATORS (USE ADDITIONAL SHEET IF NECESSARY)

1. _____ 2. _____
 3. _____ 4. _____
 5. _____ 6. _____

NAME OF PRINCIPAL: _____



SIGNATURE OF PRINCIPAL: _____

FOR OFFICE USE ONLY:
 RECEIVED AT DISTRICT OFFICE BY:

NAME OF EXAMINATIONS OFFICIAL: _____ SIGNATURE: _____

DATE: _____

CHECKED BY:
 NAME OFFICIAL: _____ SIGNATURE: _____

DATE: _____

CAPTURED AT DISTRICT BY:

NAME CAPTURER: _____ SIGNATURE: _____