



Province of the Eastern Cape

DEPARTMENT OF EDUCATION  
ISEBE LEZEMFUNDO  
DEPARTEMENT VAN ONDERWYS  
PO Box 4571 King Williams Town, 5600  
Enquiries : Mr. V A Joseph  
Tel. 043 604 7809/10 Fax: 043 604 7789

## APPLICATION FOR IMMIGRANT TO OFFER ONE OFFICIAL LANGUAGE

### GENERAL INSTRUCTIONS

- Section A to be completed by the Parent/Guardian. Attach all relevant documents or reports, e.g. copy of the passport, Letter from Embassy/Consulate, Copy of a report form, Copy of the study permit, Letter from the school.
- Section B to be completed by the Principal of the school. The school will then submit the application form and attach documents to the District Office, **no later than 26 March** of the year in which the candidate will sit for the final Examination
- Section C of the application form to be completed by the District Official before submission to the Examination official in the District. The District Examination official will submit the application form to the Provincial Evaluation Panel who will complete Section D. It must reach the Provincial office **no later than 13 April** of the year in which the candidate will sit for the final examination.

<b>SECTION A: PARTICULARS OF THE APPLICANT</b>									
First Name(s) _____									
Postal Address _____									
_____			Postal Code						
_____			_____						
Present School		Grade	_____						
Place of Birth		Country							
Date of Arrival in the RSA		<table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">M</td> <td style="width: 20px; height: 20px;">M</td> <td style="width: 20px; height: 20px;">D</td> <td style="width: 20px; height: 20px;">D</td> </tr> </table>		Y	Y	M	M	D	D
Y	Y	M	M	D	D				
Name(s) of previous school(s) outside the RSA and period(s) attended:									
Name of School	City/Town	Country	Period attended (From - To)						
_____	_____	_____	_____						
_____	_____	_____	_____						
School(s) attended in the RSA									
Name of School	City/Town	Province	Period attended (From - To)						
_____	_____	_____	_____						
_____	_____	_____	_____						

Date of admission to present school	Y	Y	M	M	D	D	Grade admitted		Present grade				
Official Language to be offered													
Other Subjects													
1					2								
3					4								
5					6								
7					8								
Full Names Parent/Guardian													
Signature (Parent/Guardian)							Date	Y	Y	D	D	M	M

**SECTION B: PRINCIPAL'S RECOMMENDATION**

This application is recommended  not recommended

Comments:

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NAME: \_\_\_\_\_

Signature

Y	Y	M	M	D	D
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Date

School Stamp

**SECTION C: DISTRICT OFFICIAL'S RECOMMENDATION-EDO/DCES/CES**

This application is recommended  not recommended

Comments:

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This application has been referred back to the Principal  Forwarded for Departmental Approval

NAME: \_\_\_\_\_

Signature

Y	Y	M	M	D	D
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Date

Official Stamp

**This Application is to be submitted to:**

**The Superintendent-General  
Examination Section  
P.O Box 4571  
King Williams Town  
5600**

**SECTION D: PROVINCIAL OFFICIAL'S RECOMMENDATION**

This application is approved  not approved

Comments:

NAME: .....

Signature

Y	Y	M	M	D	D
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Date

Official Stamp