



Province of the
EASTERN CAPE
DEPARTMENT OF EDUCATION

Assessment and Examinations Directorate * P. O Box 4571 King William's Town * 5600 *
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ASSESSMENT INSTRUCTION 17 of 2009

TO: **DEPUTY DIRECTORS-GENERAL**
 CHIEF DIRECTORS
 HEAD OFFICE DIRECTORS AND DISTRICT DIRECTORS
 CHIEF EDUCATION SPECIALISTS
 EDUCATION DEVELOPMENT OFFICERS
 DEPUTY CHIEF / SENIOR EDUCATION SPECIALISTS
 PRINCIPALS ABET CENTRES
 TEACHER UNIONS / ORGANISATIONS

DATE: **2 MARCH 2009**

<p style="text-align: center;">REGISTRATION OF CANDIDATES 2009 ABET JUNE EXAMINATIONS</p>

The registration forms for candidates entering the 2009 ABET examination in June are attached.

The closing date for entry forms at District Offices is Wednesday 25 March 2009.

The closing date for entry forms at the Provincial Office is Friday 27 March 2009. No late entries will be accepted.

Kindly note the following when completing the official Registration Form:
ECDE/EXAMS/ABET L4 (1)

1. **Sequence number** (Sequence in the school/centre).
2. **Exam Centre Name:** Ensure the correct Exam Centre name (Name of school) appears on each entry.
3. **Exam Centre No:** Ensure the correct Exam No. appears on each entry. If number is not available, leave blank.
4. **Medium in which you wish to write:** Cross Afrikaans or English. Very important because papers will be printed and distributed according to this information.
5. **Home language:** Write the correct code in the appropriate block.

6. **Certificate language:** Statement of Results: Write the correct code in the appropriate block. Statement of Results will be in English and the selected language.
7. **Immigrant** – Put a Y for Yes or N for No. An immigrant is a candidate who entered the South African Schooling system in Grade 7 or later and for whom an Immigrant Concession has to be obtained from the Directorate: Assessment & Examinations.
8. **Disabled** – Write the correct code in the appropriate block . Application must be made on behalf of a learner with special education needs for a concession allowing alternative examining procedure(s) during the ABET L4 examination.
9. **Race:** Write the correct code in the appropriate block
10. **Date of Birth:** e.g. 19880319 = 19 March 1988
11. **Gender:** Write M or F in the appropriate block
12. **Identity number:** If the candidate does not have an ID book yet, the registration number on the birth certificate must be entered.
13. **Surname** – As in ID book or on birth registration certificate.
14. **First Name(s)**
15. **Special Character in name:** Encircle Yes or No. If yes write the letter with the character in the block, e.g. é
16. **Postal Address**
17. **Telephone code**
18. **Telephone number** – where the candidate can be reached if necessary.
19. **Mark the learning areas in appropriate blocks**
20. **Applicant must sign:** A signature means that all information in the form is correct and true.
21. **Centre Manager's/Principal's name** – The one who is going to sign on behalf of the centre.
22. **Centre Manager's/Principal's Signature:** A signature means that all the information is correct and true.

ABET Principals are reminded that the June Examination is for ABET candidates for whom moderated CASS marks were submitted in 2008. Kindly enter only those candidates who will write in June to avoid fruitless expenditure on both printing and the appointment of markers.

S.P. GOVENDER
CHIEF DIRECTOR: CURRICULUM MANAGEMENT



AIDS KILLS



Province of the Eastern Cape

Department of Education

ABET LEVEL 4 : EXTERNAL ASSESSMENT

Entry Form For **June** Examinations

CLOSING DATE **27 MARCH 2009** (At Provincial office)

A ALL CANDIDATES

1. Sequence Number :

2. Name of centre where you wish to write (Where you studied during 2009)

3. 2009 Centre No.

4. Medium in which you wish to write E=English / A=Afrikaans

5. Home language A = Afrikaans C = Siswati
E = English N = IsiNdebele
P = Sepedi S = Sesotho
T = Xitsonga V = Tshivenda
W = Setswana X = IsiXhosa
Z = IsiZulu

7. Immigrant Y=Yes N=No

6. Certificate Language R=Deaf
S=Blind
O=Other

8. Disabled

9. Race B = Black
W = White
A = Asian
I = Indian
C = Coloured

B PERSONAL INFORMATION – COMPLETE IN BLOCK LETTERS

10. Date of Birth

Y	Y	Y	Y	M	M	D	D
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

11. Gender M=Male
F=Female

12. Identity No.

13. Surname

14. First name(s)

15. Special Character in a name Y=Yes N=No

16. Postal Address

Postal Code

17. Tel. Code

18. Number

ABET LEVEL 4 EXTERNAL ASSESSMENT

C. SUBJECT CHOICES

19. MARK WITH AN "X" IN THE APPROPRIATE BLOCK (LEARNING AREA AND CODE)

LEVEL 4	SUBJECT CODES	SUBJECT DESCRIPTION	2009 CASS MARK :100	Verified by District Off. Moderated mark: 100	District Official Signature
<input type="checkbox"/>	LCAF	AFRIKAANS			
<input type="checkbox"/>	LCEN	ENGLISH			
<input type="checkbox"/>	LCSO	SESOTHO			
<input type="checkbox"/>	LCZU	ISIZULU			
<input type="checkbox"/>	LCXH	ISIXHOSA			
<input type="checkbox"/>	LCXI	XITSONGA			
<input type="checkbox"/>	AAAT	APPLIED AGRIC. AND AGRIC. TECHNOLOGY.			
<input type="checkbox"/>	ANHC	ANCILLIARY HEALTH			
<input type="checkbox"/>	ARTC	ARTS AND CULTURE			
<input type="checkbox"/>	EMSC	ECONOMIC AND MANAGEMENT SCIENCES			
<input type="checkbox"/>	HSCC	HUMAN AND SOCIAL SCIENCES			
<input type="checkbox"/>	LIFO	LIFE ORIENTATION			
<input type="checkbox"/>	ML	MATHS LITERACY			
<input type="checkbox"/>	MS	MATHS AND MATHS SCIENCE			
<input type="checkbox"/>	NATS	NATURAL SCIENCES			
<input type="checkbox"/>	SMME	SMALL, MEDIUM AND MICRO ENTERPRISES			
<input type="checkbox"/>	TECH	TECHNOLOGY			
<input type="checkbox"/>	TRVT	TRAVEL AND TOURISM			

D. I hereby declare the information furnished herein is correct

20. Signature of Applicant

Date

21. Centre Managers Name

Date

22. Centre Managers Signature

