



**DEPARTMENT OF EDUCATION
ISEBE LEZEMFUNDO
DEPARTEMENT VAN ONDERWYS
Province of the Eastern Cape**



Grade 9 Examination Centre Registration

October/November 2009 Examination

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Closing Date: 10 December 2010

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Where applicable, use an "X", otherwise use BLOCK LETTERS
THIS APPLICATION IS FOR A: **GRADE 9 CENTRE** ☐

(1) EMIS Number:

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 If available, Grade 12 Centre No.:

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(The EMIS No. can be obtained by telephoning 043-735 1820)

UMALUSI Accreditation No. (Independent schools only)

(2) Official Name of Examination Centre:

(3) Physical Address of Examination Centre:	(4) Postal Address of Examination Centre:
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(5) Tel. No. of Examination Centre:

(6) Fax No of Examination Centre:

(7) e-Mail Address of Principal:	
(8) Surname & Initials of Principal:	

(9) Home Tel. No. of Principal:

(10) Cell No. of Principal:

(11) Alternate Contact (Surname & Init):

[illegible]

(13) Magisterial District where Examination Centre is situated:	
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(14) District Office administering Centre	
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(15) Language of Instruction at Centre: (A=Afrikaans / E=English / D=Afr & Eng)

(16) No. of Grade 9 Learners at Examination Centre this year:

(17) No. of Grade 8 Learners at Examination Centre this year:

(18) Independent School? YES ☐ NO ☐

Signature of Principal/Official in Charge

Surname & Initials (Block Letters)

Date _____

Official Stamp

>>> See Reverse Side

National Guidelines for the Registration of an Examination Centre:

Every Examination Centre must **first** be registered as an Educational Institution with the Department of Education. Every independent school must first obtain accreditation from UMALUSI. Evidence to be attached.

Is the proposed venue conducive to the writing of examinations? YES/NO

Is the proposed venue situated in an area where the candidates will not be distracted by external factors, e.g. Taxi Rank, busy roads, factories, heavy industries, etc.? YES/NO

Does the proposed venue have: a) sufficient space and appropriate furniture to seat all the candidates? YES/NO

b) proper lighting & ventilation? YES/NO

c) adequate drinking water facilities? YES/NO

d) adequate toilet facilities? YES/NO

e) clearance in terms of local health and fire services by-laws? YES/NO

f) secure means for safe-keeping of examination material? YES/NO

Are there suitably qualified teaching staff (NCS trained)? YES/NO

Are there members of the community who can be trained as invigilators if necessary? YES/NO

Proposed Venue visited by an Official from: District Office ☐ Provincial Office ☐

District Office

Details of official who visited centre:

Name:

Designation:

The Proposed Examination Centre, detailed overleaf, meets the criteria as outlined above.

Recommended Grd 9 ☐

Not Recommended Grd 9 ☐

Signature: District Director

Surname & Initials (Block Letters)

Date

Official Stamp

Provincial Office (Directorate: Assessment and Examinations)

Details of official who visited centre:

Name:

Designation:

Recommendations:

Signature:

Approved Grd 9 ☐

Not Approved Grd 9 ☐

If Approved, Examination Centre No:

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Name:

Signature of Director: Assessment and Examinations

Surname & Initials (Block Letters)

Date

Official Stamp