

Province of the <u>EASTERN CAPE</u> DEPARTMENT OF EDUCATION

Assessment and Examinations Directorate \* P. O Box 4571 King William's Town \* 5600 \* REPUBLIC OF SOUTH AFRICA \* REFERENCE: 13/P Enquiries: Mrs. P. M. Edley Tel: +27 (0)43 604 7708 \* Fax 0866330345 Website: ecprov.gov.za \* Email: <u>pat.meyer</u>@edu.ecprov.gov.za

#### **ASSESSMENT INSTRUCTION 11 of 2008**

TO: DEPUTY DIRECTORS-GENERAL CHIEF DIRECTORS DIRECTORS AND DISTRICT DIRECTORS CHIEF EDUCATION SPECIALISTS DEPUTY-CHIEF EDUCATION SPECIALISTS AND SENIOR EDUCATION SPECIALISTS PRINCIPALS OF SCHOOLS WITH GRADE 1 TEACHER ORGANISATIONS

DATE: 05 MAY 2008

## 2008 REGISTRATION OF GRADE 1 LEARNERS

The progression schedules submitted to the Department at the end of each year contain valuable information for teaching, learning and assessment. These schedules will be captured each year as from 2008.

Some of the benefits of this process will be:

- Populated progression schedules for schools thus easing the administrative burden on teachers at the end of a year;
- Analysing the assessment in each learning area so as to feed back into the teaching, learning and assessment loop in a productive manner;
- Ensuring that learners move with their age cohort and receive the necessary support when repeating a grade.

It is therefore necessary that Grade 1 learners are registered with the Assessment and Examinations Directorate each year. Principals are required to manage the process of completing the attached form for each Grade 1 learner 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 <u>*Friday 5 June 2008.</u>*</u>

- The summary form is also to be completed indicating all the names of learners and their birth certificate numbers.
- The summary form is to be completed with all Grade 1 learners listed A to Z and not per class.
- If relevant, the reason for not supplying a birth certificate number must be provided.
- The birth certificate number required is a 13 (thirteen digit) number supplied by the Department of Home Affairs.
- According to the South African Schools' Act, the provision of a birth certificate is mandatory when enrolling a Grade 1 learner.

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

S.P. GOVENDER CHIEF DIRECTOR: CURRICULUM MANAGEMENT



Province of the Eastern Cape Department of Education Assessment and Examinations Directorate

# 2008 GRADE 1 LEARNER REGISTRATION SUMMARY FORM

#### **USE THIS PAGE AS PAGE 1**

SCHOOL / CENTRE NAME: \_\_\_\_\_

CONTACT PERSON:	
TELEPHONE NO:	
DISTRICT:	

	SURNAME & NAME BIRTH CERTIFICATE NO												<b>REASON</b> (IF NO BIRTH CERT NO SUPPLIED)	
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2														
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	TOTALS	NUMBER								
	IUTALO									
	TOTAL NO OF LEARNERS IN GRADE 1									
	NO OF GRADE 1 CLASSES									
	AVERAGE NO OF LEARNERS PER CLASS									
	NO OF LEARNERS IN GRADE FOR 1 <sup>ST</sup> YEAR									
	NO OF LEARNERS IN GRADE FOR 2 <sup>ND</sup> YEAR									
	NO OF LEARNERS IN GRADE FOR 3 <sup>RD</sup> YEAR									
NO OF LEARNERS WHO COMPLETED GRADE R										
NO OF LEARNERS IN GRADE WITH SPECIAL NEEDS										
	NO OF IMMIGRANT LEARNERS IN GRADE									
N	AMES OF GRADE 1 EDUCATORS (USE ADDITIONAL SHEET IF NECESSARY)									
1.	2									
	4									
	6.									
J.	0									
N	AME OF PRINCIPAL;									
SI	GNATURE OF PRINCIPAL:									
-										
D	ATE:									
	FOR OFFICE USE ONLY:									
RI	ECEIVED AT DISTRICT OFFICE BY:									
Ν	AME OF EXAMINATIONS OFFICIAL:SIGNATURE									
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CHECKED BY: NAME OF OFFICIAL:	SIGNATURE:
DATE:	



### Province of the Eastern Cape Department of Education Assessment & Examinations Directorate 2008 GRADE 1 LEARNER REGISTRATION FORM

1. School N	lam	ie:																			
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2. District																					
3. Languag learning ar teaching at school		[		E = Er $P = Se$ $T = Xi$	pedi tsonga etswana	N = O = V =	Siswati IsiNdebo Sesotho Tshiven IsiXhosa	da	4. Mo tong learr	ue of			E P T W	= Afrika = Englis = Seped = Xitsor = Setsv = IsiZul	h i 1ga 7ana	N = IsiNdebele O = Sesotho a V = Tshivenda					
5. Surname																					
6. First Name(s) As per birth certificate																					
7. Date of B	irth		Y	Y Y	Y	M M	D	D	Compulsory field												
8. Birth cert	ifica	ate No												Con	npul	sory fie	ld				
9. Race		B =	Black	W = Whi	te $A = A$	sian I =	Indian	C = Co	Coloured O = Other <b>10.Gender</b> M = Male F = Female												
<b>10. Barriers</b> Blind (Bl)		L <b>earnin</b> Deaf (D)		O) PLE Other ((			(:			Imm	grant		Y	=Yes / N	J= N	10					
11. No of ye						1st y			2nd year							3 <sup>rd</sup> year					
Parent / Guardian 's Name & Initials (please print)								Parent / Guardian's Signature Date													
Principals Name & Initials (Please Print)									Principals Signature Date												
SCHOOL STAMP										ie of o	fficial	respor	nsible f	or com	oleti	ng this f	form.				