EC/05/002



DEPARTMENT OF EDUCATION ISEBE LEZEMFUNDO DEPARTEMENT VAN ONDERWYS



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Province of the Eastern Cape

Grade 11 Examination Centre Registration November 2009 Examination

Closing Date: 05 December 2008

<u> </u>		
Where applicable, use an "X", otherwise use BLOCK LETTERS		
(1) Was the Examination Centre used during the November 2008 Gr If Yes, complete paragraphs (a) and (b) below (a) Grade 12 Examination Centre Number used in 2007:	rade 12 Examinations? Yes No	
(b) EMIS Number used in 2008:	(Call 043-735 1820	
(2) Type of Centre: Public School / Private School / Special S		
(3) Official Name of Examination Centre:		
(4) Physical Address of Examination Centre: (5) Posta	Address of Examination Centre:	
Area Code	Postal Code	
(6) Tel. No. of Examination Centre:		
(7) Fax No of Examination Centre:		
(8) e-Mail Address of Principal:		
(9) Surname & Initials of Principal:		
(10) Home Tel. No. of Principal:		
(11) Cell No. of Principal:		
(12) Alternate Contact (Surname & Init)		
(13) Cell No. of Alternate Contact:		
(14) Magisterial District where Examination Centre is situated:		
(15) District Office administering Centre:		
(16) Name of Education Development Officer:		
(17) No. of Grade 11 Learners at Examination Centre this year:		
(18) No. of Grade 10 Learners at Examination Centre this year:		
(19) Language of Learning and Teaching at Centre: (A=Afrikaans / E=English / D=Afr & Eng)		
(20) Previously Disadvantaged Centre? YES NO	<u> </u>	
Signature of Principal/Official in Charge	Official Stamp	
	Official Stamp	
Surname & Initials (Block Letters)		
Date	>>> See Reverse Side	
	000 11010100 0100	

National Guidelines for the Re Every Examination Centre must firs		on Centre: nstitution with the Department of Education.	
Is the proposed venue conducive to the writing of examinations?			
Is the proposed venue situated in an Station, busy roads, factories, heavy		t be distracted by external factors, e.g. Railway	
Does the proposed venue have:	 a) sufficient space and appropriate furniture to seat all the candidates? b) proper lighting & ventilation? c) adequate drinking water facilities? d) adequate toilet facilities? e) clearance in terms of local health and fire services by-laws? f) secure means for safe-keeping of examination material? 		
Are there suitably qualified teaching Are there members of the communi		s?	
In case of private centres, are there financial guarantees to cover costs of electricity, water, rates, taxes, rental, etc.?			
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 Not Recommended If Recommended, Registration Type: Full Time / Part Time			
Signature: District Dire	tor	Official Stamp	
Surname & Initials (Block	etters)		
Date			
Provincial Office (Directorate: Details of official who visited centre: Recommendations:	Assessment and Examinat Name: Designation:	ions)	
Signature:			
Approved Not Approved	If Approved	d, Registration Type: Full Time / Part Time	
If Approved, Examination Centre No:	Name:		
Signature of Director: Assessment a		Official Stamp	
Date			