



education

Department:
Education
PROVINCE OF KWAZULU-NATAL

**APPLICATION BY THE PARENT FOR EXEMPTION FROM SCHOOL
ATTENDANCE OF A LEARNER IN TERMS OF DISASTER MANAGEMENT
ACT NO 57 OF 2002 (COVID-19)**

PART A

DETAILS OF THE LEARNER (Grades R, 10-12)

Name and Surname: _____

Grade : _____

Name of the School: _____

Circuit: _____

District: _____

PART B

**REASON FOR APPLICATION FOR EXEMPTION FROM SCHOOL ATTENDANCE
(Grades R, 10-12)**

(Attach evidence)

Name and Surname of Parent _____

Signature _____

Date: _____



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Tel/Cell: _____

E-mail address _____

Street /Postal Address:

Code : _____

PART C

ACKNOWLEDGEMENT BY THE SCHOOL

Nature of support to the learner

Name and Surname of Principal _____

Signature _____

Date: _____

PART D

DECISION BY THE HEAD OF DEPARTMENT

(Indicate with an X)

The application for exemption from school attendance is hereby **not approved** based on the best interests of the learner.

The application is hereby **approved conditionally** based on the following reason/s:

1. The parent assumes the responsibility to liaise with the school so that the learner continues to receive education.
2. The exemption period is applicable for the **2020** academic year only.

Dr EV Nzama
Head of Department: Education

Date