



education

Department:
Education
PROVINCE OF KWAZULU-NATAL

APPLICATION BY THE PARENT FOR EXEMPTION FROM COMPULSORY ATTENDANCE OF A LEARNER IN TERMS OF SECTION 4 OF THE SOUTH AFRICAN SCHOOLS ACT, NO 84 OF 1996

PART A

DETAILS OF THE LEARNER (Grades 1 - 9 or up to 15 years)

Name and Surname: _____

Grade : _____

Name of the School: _____

Circuit: _____

District: _____

PART B

REASON FOR APPLICATION FOR EXEMPTION FROM COMPULSORY ATTENDANCE (Grades 1 - 9 or up to 15 years)

(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 compulsory 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