



LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF
EDUCATION

APPLICATION FOR REGISTRATION, I.R.O (Mark the one that is relevant)

A. NEW SCHOOL	
B. CHANGE OF SITE	
C. OWNERSHIP	
D. INTRODUCTION OF NEW GRADES	
E. CHANGE OF STATUS	
F. CHANGE OF NAME	
G. SEPARATION OF A COMBINED SCHOOL INTO PRIMARY (R-7) AND SECONDARY SCHOOLS (8 – 12)	

“Education is a pre-condition for development”

NOTE:

1. All applications should be submitted in duplicate to the Circuit Office.
2. The closing date for the submission of these applications should be 31 March of the year prior to the date on which the school will start functioning. (For public schools only)
3. A health certification from the Health Department must accompany the application. (Where site and buildings are available, otherwise for independent schools only.)
4. A copy of building plans and site layout must accompany the application. (Only for independent schools except where the school has been provided with resources by donors.)
5. An independent school may not practice education under one registration on several campuses. Each campus must be registered separately.
6. A policy document outlining admissions and general running of the school must accompany the application. A strategic plan should be submitted to reinforce the application.
7. There should be consensus regarding who should apply for the registration of the school – this through consultation and negotiation.

A. REASON FOR SUBMISSION OF THE FORM (Indicate with an X)	
	Registration of a Secondary School - Grade (8 – 12)
	Registration of a Primary School – (Grade (R – 7)
	Registration of other types of institutions (indicate type)
	Separation of a Combined School – Grade (R – 12)
	Change of site /name/ownership/status/curriculum (Delete which is not applicable)

B. SITE (Attach relevant documents)
<p>Location of site (e.g. stand no. 35 Dorenkop):.....</p> <p>.....</p> <p>Size of site (hectares):.....</p> <p>Has site been approved?: Yes/No</p> <p>Have occupation rights been granted?: Yes/No</p>

C. GENERAL PARTICULARS OF SCHOOL/INSTITUTION

(In the case of new school, please propose (3) names for the school in order of priority. Give the meaning of each name.)

Name (If already existing): Registration Number:

Proposed names: 1. Meaning: 1.

2. 2.

3. 3.

Physical Address of school: Postal Address:

.....

Code: Code:

Telephone Number of School:..... District Office:

Type of school PUBLIC INDEPENDENT
(Mark with X)

Circuit Office:

Magisterial District:

Local Government Area:

A. ACCOMODATION (AVAILABLE)

<u>D1</u>	<u>Classrooms</u>		<u>Typing</u>	<u>Technical Drawing</u>	<u>Laboratory</u>	<u>Music</u>
	<u>On school grounds</u>	<u>Other grounds</u>				

<u>D 2</u>							
<u>Existing rooms (number)</u>	<u>Cookery</u>	<u>Needlework</u>	<u>Woodwork</u>	<u>Workshops</u>	<u>Computer Centre's</u>	<u>Library/Media Centre</u>	<u>School Hall</u>

D 3	TOILETS		
	Number of seats available	Number of urinals available	Number of hand basins available
Girls			
Boys			
Staff			
TOTAL			
A valid health certificate must be obtained from the local authority and accompany this form			

A. EXPECTED ANALYSIS OF PUPILS	
<p>A. Primary</p> <p>Grade R:</p> <p>Grade 1:</p> <p>Grade 2:</p> <p>Grade 3:</p> <p>Grade 4:</p> <p>Grade 5:</p> <p>Grade 6:</p> <p>Grade 7:</p>	<p>B. Secondary</p> <p>Grade 8:</p> <p>Grade 9:</p> <p>Grade 10:</p> <p>Grade 11:</p> <p>Grade 12:</p> <p>Others (state):</p>
<p>Sub Total:</p>	<p>Sub Total:</p>
<p>Total (a + b) =</p>	

B. NEED ANALYSIS

F.1 DISTANCE FROM NEAREST SCHOOLS (IN SAME CATEGORY)

NAME OF SCHOOL	DISTANCE IN km
1.	
2.	
3.	
4.	

F.2 ENROLMENTS AT NEAREST/NEIGHBOURING SCHOOLS

F.2.1 PRIMARY SCHOOLS

NAME OF SCHOOLS	GR 0	GR 1	GR 2	GR 3	GR 4	GR 5	GR 6	GR 7	TOTAL
1.									
2.									
3.									
4.									

F.2.2 SECONDARY SCHOOLS

NAME OF SCHOOLS	GR 8	GR 9	GR 10	GR 11	GR 12	TOTAL
1.						
2.						
3.						
4.						

F.3 FURTHER MOTIVATING FACTORS FOR NEED FOR A NEW SCHOOL IN THE AREA

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F. SCHOOL CURRICULUM

FOUNDATION PHASE (LEARNING AREAS)

GRADE R	GRADE 1	GRADE 2	GRADE 3

G.1 PROPOSED SCHOOL CURRICULUM (Specify languages to be offered)

GRADE (4 – 9)	LEARNING AREAS	GRADE (10 – 12)	SUBJECTS
	1.		1.
	2.		2.
	3.		3.
	4.		4.
	5.		5.
	6.		6.
	7.		7.
	8.		8.
	9.		9.
	10.		10.
	11.		11.
	12.		12.
	13.		13.
	14.		14.
	15.		15.
	16.		16.
	17.		17.
	18.		18.

G.3 RECOMMENDATIONS OF CURRICULUM IN SECTION G.1	
G.3.1 RECOMMENDATION BY APPLICANT	
.....	
..... APPLICANT DATE

G. IMPLEMENTATION	
EXPECTED TIME SCHEDULE	
Grade 1	Jan 20.....
Grade 2	Jan 20.....
Grade 3	Jan 20.....
Grade 4	Jan 20.....
Grade 5	Jan 20.....
Grade 6	Jan 20.....
Grade 7	Jan 20.....
Grade 8	Jan 20.....
Grade 9	Jan 20.....
Grade 10	Jan 20.....
Grade 11	Jan 20.....
Grade 12	Jan 20.....

H. DO YOU INTEND TO APPLY FOR A DEPARTMENTAL SUBSIDY? (INDEPENDENT SCHOOLS ONLY) (For details regarding the application liaise with the administration)	YES	NO
<i>PLEASE NOTE: If you intend to apply for a subsidy, an application form must be completed. Certain prescribed conditions apply to the granting of a subsidy.</i>		

H.1. NAME OF OWNER OR GOVERNING BODY (Relevant to Independent Schools only except where the school exists)
.....

POSTAL ADDRESS OF OWNER OR GOVERNING BODY

.....

.....

.....

I. MANAGEMENT (in respect of independent schools)
I.1 LEGAL ENTITY (tick what is applicable)
1.1 Trust
1.2 Sole Ownership
1.3 Company
1.4 Church
1.5 Close Corporation
1.6 Section 21 Company
1.7 Other (specify)

I.2 STRUCTURE / COMPOSITION OF LEGAL ENTITY OR GOVERNING BODY		
NAME	SIGNATURE	TELEPHONE (indicate dialing Code)
Chairman:
Secretary:
Members: 1.
2.
3.
4.
5.
6.
7.
8.

• FOR INDEPENDENT SCHOOLS ONLY

**LIST OF TEACHERS
INCLUDING THE PRINCIPAL**

NAME		QUALIFICATIONS		
SURNAME AND INITIALS	ACADEMIC	PROFESSIONAL	DURATION OF COURSE	INSTITUTION/NGO WHERE PROF. QUALIFICATIONS WERE OBTAINED
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				

12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				
21.				
22.				
23.				
24.				
25.				

I. DECLARATION

I/ We,the undersigned, being the owner(s)/Governing Body of the aforementioned school, hereby apply to the Department of Education for the registration of this school in terms of Limpopo Province school Education Act No. 9 of 1995 and I/We hereby declare that the particulars furnished above are true and correct.

.....
**SIGNARURE OF OWNER(S)
GOVERNING BODY/DULY
AUTHORISED/AGENT(S)**

.....
DATE

.....
PLACE

.....
CAPACITY/DESIGNATION

WITNESSES: 1. **2.**

M. RECOMMENDATION OF CIRCUIT MANAGER

I hereby declare that the above particulars are, to the best of my knowledge, true and correct.

- The application for registration is recommended / not recommended (*delete which is not applicable*) for the following reasons:

.....
.....
.....
.....

.....
CIRCUIT MANAGER

.....
DATE

N. RECOMMENDATION OF DISTRICT SENIOR MANAGER

- The application for registration is recommended / not recommended (delete which is not applicable) for the following reasons:

.....

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.....

.....

.....

DISTRICT SENIOR MANAGER

DATE

O. RECOMMENDATION BY SCHOOL AFFAIRS

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.....

SD: SCHOOL AFFAIRS

DATE

P. RECOMMENDATION: SENIOR MANAGER: INSTITUTIONAL GOVERNANCE

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.....

.....

SM: INSTITUTIONAL GOVERNANCE

DATE

Q. RECOMMENDATION BY GENERAL MANAGER: GOVERNANCE

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.....
.....
.....

.....
GM: GOVERNANCE

.....
DATE

R. APPROVED/ NOT APPROVED

CONDITIONS (IF ANY)

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.....

.....
HEAD OF DEPARTMENT

.....
DAT