

FORM "A"

RETURN TO FAX NO. 018 290 5287 BEFORE 13:00 ON 24 July 2015

FOR ATTENTION: MRS. C.A. KLEYNHANS

NAME OF SCHOOL: _____

SCHOOL EMAIL: _____ FAX: _____ TEL. NO. _____

PRINCIPAL/HEADMASTER: MR/MRS/MISS _____

CELL: _____

EDUCATIONAL GUIDER: MR/MRS/MISS _____

CELL: _____

MARK WITH A X

- Our documentation are in process and we will send the names ASAP
- We do not have anybody that qualify
- We have (number) learners that should enroll for 2016

SIGNATURE HEADMASTER