



Department of Education
Lefapha la Thuto
Departement van Onderwys

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NORTH WEST PROVINCE

APPLICATION ON BEHALF OF A LEARNER FOR PLACEMENT
IN A PUBLIC SPECIAL SCHOOL/LSEN UNIT

GENERAL INSTRUCTIONS

1. Section A and B to be completed by the school in collaboration with the parent/guardian. Attach all the latest documents or reports, e.g. medical report, psychological report, school report, learner profile, etc.
2. Submit the application form and attached documentation to the Regional Division Inclusive Education, who will complete Section C.
3. After completion of Section C, the Division Inclusive Education will submit the application form to the Directorate: Inclusive Education for a final decision.

LSEN NUMBER	
To be allocated by Head Office	

Name of special school/LSEN Unit recommended by Regional Division Inclusive Education	
	Region

Name of referral School		Date of application	
Region			

SECTION A: PERSONAL PARTICULARS OF LEARNER (To be captured on LSEN Register)							
FULL NAME OF LEARNER							
DATE OF BIRTH		AGE		YEARS		MONTHS	
PRESENT GRADE		AGE AT FIRST SCHOOL ADMITTANCE		YEARS		MONTHS	
HOME LANGUAGE		GENDER					
NAME AND ADDRESS OF PARENT'S							
CODE (H)		TEL NO (H)		CODE (W)		TEL NO. (W)	

SECTION B: INFORMATION ON BARRIER(S) TO LEARNING EXPERIENCED BY LEARNER	
1.	Short description of barrier(s) to learning.
2.	In what way does the barrier(s) to learning prevents the learner to attend an ordinary public school?

MM

3. When was the barrier(s) to learning first determined/recorded? Date

4. Did the learner receive any support/intervention? If Yes, frequency, type and duration of assistance. If No, specify.

5. Outcome of the assistance. Was there any improvement? If not, why not?

6. Any other appropriate information.

7. Scholastic information

7.1 School Grades repeated from Gr 1 – Gr 12

Grade	Year Failed	Subjects/Learning areas in which requirements were not met.

7.2 Latest available assessment results. (not older than 06 months)

Subject/Learning Area	Marks (%)	Grade average (%)
1.		
2.		
3.		
4.		
5.		
6.		

8. Parental involvement (Dates of interviews and outcome)

9. Parental consent

I, _____ parent/guardian of _____ hereby give my permission for the placement of my child in a special school/LSEN Unit, if determined by the Department of Education, that it is in the best interest of my child.

SIGNATURE: PARENT/GUARDIAN _____
DATE

Please ensure that the parent/guardian fully understands the extent of his/her consent.



NORTH WEST PROVINCE

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E-mail: JrZul@nwpc.org.za Directorus@nwpc.org.za



Enquiries: _____
Tel: _____

FAX TRANSMITTAL	
TO:	_____
FAX NO:	_____
NO OF PAGES	_____

TO: _____

Date: _____

Dear Sir/Madam

ACKNOWLEDGEMENT OF RECEIPT

This is to confirm that the application on behalf of _____ for temporary/permanent exemption from compulsory school attendance has been received, and that you will be informed on the outcome in due course.

Yours sincerely

CO-ORDINATOR
DIVISION: INCLUSIVE EDUCATION

DATE



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THE WEST PROVINCE

Enquiries: _____
Tel: _____

FAX TRANSMITTAL	
TO:	_____
FAX NO:	_____
NO OF PAGES	_____

LSEN NO	_____
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TO: The Principal

DATE: _____
FAX NO: _____

APPLICATION FOR THE PLACEMENT OF A LEARNER IN A SPECIAL SCHOOL/LSEN UNIT

Dear Sir/Madam
Placement of _____ in
_____ Special School/LSEN Unit.

This is to inform you that after careful consideration and a thorough evaluation of the application on behalf of the above learner, that placement in a special school/LSEN Unit, has been

APPROVED NOT APPROVED

Comments

NOTE: An appeal against the above decision should be made in writing to the Head of Department within 14 days upon receipt of this letter.

Yours sincerely

HEAD OF DEPARTMENT

PLEASE INFORM THE PARENTS/GUARDIAN ON THE OUTCOME OF THE APPLICATION