



APPLICATION FOR NATIONAL SENIOR CERTIFICATE CANDIDATE WHO IS COVID-19 POSITIVE TO WRITE THE NOVEMBER 2020 EXAMINATION

Dear Parent/Guardian/Caregiver

Please complete this application form should you wish for your child/ward to write the November 2020 examination.

Please note that:

1. The successful completion and submission of this form is not an indication that the candidate will be granted approval to write the examination.
2. Transport to and from the venue is the responsibility of the parent/guardian/caregiver or a designated family member.
3. All precautions must be taken to ensure that your child/ward is kept in isolation as per health regulations.

This application form must be completed and submitted to the principal **at least 24 hours prior to the examination date**. The principal will forward this application to the District Director who will in return submit it to the Chief Director: Assessment and Examinations for consideration.

SECTION 1

(To be completed by the candidate's parent/guardian/caregiver or designated family member)

Parent/guardian/caregiver or family member information	
Parent/guardian/caregiver or family member name and surname	
Cell phone number	
Email address	
Candidate information	
Name and surname of candidate	
ID number of candidate	
Examination number of candidate	
School/examination centre	

When was the candidate tested? **(Attach evidence – result of test)** _____

Is the candidate fit to write the examination? (Yes/No) _____

Signature
Parent/Guardian/Caregiver/Family member

Date

SECTION 2

(To be completed by the Principal)

Application received on _____ (date) at _____ (time).

Application forwarded to the District Director on _____ (date)
at _____ (time).

Recommendation:

Signature
Principal

Date

SECTION 3

(To be completed by the District Director)

I hereby acknowledge receipt of the application which will be forwarded to Chief Directorate: Assessment and Examinations (via Lisl.vanRensburg@westerncape.gov.za).

The following arrangements are proposed:

Signature
District Director

Date

SECTION 4

(To be completed by the Chief Director: Assessment and Examinations)

Application approved / not approved.

Comments:

Signature
Chief Director: Assessment and Examinations

Date