



**APPLICATION FOR A CANDIDATE WHO IS COVID-19 POSITIVE OR IN ISOLATION/QUARANTINE
TO WRITE THE NOVEMBER/DECEMBER 2021 NATIONAL SENIOR CERTIFICATE (NSC)
EXAMINATIONS**

Dear Parent/Guardian/Caregiver

Please complete this application form should you wish for your child/ward to be considered for a concession to write the November/December 2021 NSC examinations.

This information will be used for the intended purposes only, as per the Protection of Personal Information Act, 2013 (Act 4 of 2013).

Please note that the successful completion and submission of this form **IS NOT** an indication that the candidate will be granted approval to write the examination(s). You will receive the outcome of your request from the principal after careful consideration by the District Director.

SECTION 1 (to be completed by the parent/guardian/caregiver)

Name and surname of candidate	
ID number of candidate	
Examination number of candidate	
School	

1.1	Isolation due to being COVID-19 positive
a)	When was the candidate tested? (Attach evidence – e.g., medical certificate/SMS informing of COVID-19 positive status)
b)	What are the symptoms of the candidate?
c)	Is the candidate fit to write the examination(s)?

1.2	Quarantine due to contact with a COVID-19 positive case
a)	From which date is the candidate in quarantine? (Attach evidence – e.g., medical certificate/SMS informing of COVID-19 positive status)
b)	Does the candidate present symptoms? If yes, what are the symptoms?
c)	Is the candidate fit to write the examination(s)?
d)	On which date will the candidate be tested?

Initial and surname of Parent/Guardian/Caregiver

Date

Signature of Parent/Guardian/Caregiver

Date

SECTION 2 (to be completed by principal)

(Tick the appropriate option)

2.1	Is the principal in a position to conduct the examination(s)?	YES	
		NO	
2.2	Does the school have a separate isolation room and invigilator for the examination(s) on the school premises?	YES	
		NO	

SECTION 3: SPECIAL ARRANGEMENTS

Special arrangements have been made in consultation with the District Director as follows:
(indicate briefly)

Initial and surname of principal

Date

Signature of principal

Date

SECTION 4 (to be completed by District Director)

4.1	I have verified the information provided against the evidence and I: approve / do not approve this application. Provide reasons if application is not approved:
4.2	I have consulted with the principal and confirm that the candidate can write the examination(s) as from ____ to ____ November/December 2021.

Initial and surname of District Director

Date

Signature of District Director

Date