



**education**

Department:  
Education  
PROVINCE OF KWAZULU-NATAL

**APPLICATION BY THE PARENT FOR EXEMPTION FROM SCHOOL  
ATTENDANCE OF A LEARNER IN TERMS OF DISASTER MANAGEMENT  
ACT NO 57 OF 2002 (COVID-19)**

**PART A**

**DETAILS OF THE LEARNER (Grades R, 10-12)**

Name and Surname: \_\_\_\_\_

Grade : \_\_\_\_\_

Name of the School: \_\_\_\_\_

Circuit: \_\_\_\_\_

District: \_\_\_\_\_

**PART B**

**REASON FOR APPLICATION FOR EXEMPTION FROM SCHOOL ATTENDANCE  
(Grades R, 10-12)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**(Attach evidence)**

Name and Surname of Parent \_\_\_\_\_

Signature \_\_\_\_\_

Date: \_\_\_\_\_



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Tel/Cell: \_\_\_\_\_

E-mail address \_\_\_\_\_

Street /Postal Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Code : \_\_\_\_\_

### PART C

#### ACKNOWLEDGEMENT BY THE SCHOOL

Nature of support to the learner

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name and Surname of Principal \_\_\_\_\_

Signature \_\_\_\_\_

Date: \_\_\_\_\_

### PART D

#### DECISION BY THE HEAD OF DEPARTMENT

(Indicate with an X)

☐

The application for exemption from school attendance is hereby **not approved** based on the best interests of the learner.

☐

The application is hereby **approved conditionally** based on the following reason/s:

1. The parent assumes the responsibility to liaise with the school so that the learner continues to receive education.
2. The exemption period is applicable for the **2020** academic year only.

\_\_\_\_\_  
Dr EV Nzama  
Head of Department: Education

\_\_\_\_\_  
Date