

Garona Building, Mmabatho First Floor, East Wing, Private Bag X2044, Mmabatho 2735 Tel.: (018) 388-3429/33 e-mail: sgedu@nwpg.gov.za

# **DIRECTORATE: INSTITUTIONAL DEVELOPMENT SERVICES**

## APPLICATION FOR REGISTRATION OF AN INDEPENDENT SCHOOL

The application must be accompanied by the following documentation:

- a) Copy of owner's identity document;
- b) A constitution or founding document of the school and relevant policies that cover ownership, mission, aims, governance, funding, language and admission;
- c) A **floor plan** indicating space measurements, which shall in the case of a multi-floor building include a floor plan for each floor;
- d) A site plan indicating recreational and other facilities;
- e) A letter of approval from the local municipal authority stating that the premises have been zoned or have consent use for educational purposes and conform to health and safety requirements;
- f) **Title deed** or evidence of **security of tenure** over the purposed school buildings and grounds for a minimum of 12 months from the date of registration of the school;
- g) Evidence that the school will be financially viable for at least 12 months after registration; and
- h) A written undertaking by the owner that the school will start with the Umalusi accreditation within two months of the school's registration with the state.

**PLEASE NOTE**: A separate application for each of the sites is required if a school wishes to operate on different sites.

DETAILS OF THE PROPOS	SED SCHOOL				
NAME OF SCHOOL					
TYPE OF SCHOOL	Primary	Seco	ondary	Chah	Ordinary
	(Grade R-7)		de 8-12)	Status	LSEN
DISTRICT		P	AREA OFFIC	E	
CTOFFT ADDRESS					
STREET ADDRESS					
					Postal Code:
0.00741.4000000					
POSTAL ADDRESS					
					Postal Code:
E-MAIL ADDRESS					
TELEPHONENHIMPER				(5)	
TELEPHONE NUMBER			CELL NUMB	ER	
FAX NUMBER	3		14 (15) 15 (16)		
	Private	Compan		Religious Group	Other
TYPE OF OWNERSHIP	Private	Compan	y	religious dioup	Other
DETAILS OF OWNER					200 200 200 200 200 200 200 200 200 200
NAME					
ID NUMBER / PASSPORT				A STATE OF THE STA	
NUMBER(In case of					
foreigners)					
DECIDENTIAL ADDRESS					
RESIDENTIAL ADDRESS					
				de la companya de la	
POSTAL ADDRESS					
# 1					Postal Code:
				A Marie Anna Company of the Company	
CELL NUMBER OF OWN	EK				

DETAILS OF PRINCIPAL			
NAME	CELL NO.		
GOVERNING BODY			the section of the se
Does school have a governing body or board of directors?	*	YES	NO
Name of chairperson of governing body/board of directors		<u> </u>	
Tele/Cell phone Number			
CURRICULUM TYPE			
Does the school offer the National Curriculum Statement as a cor	e curriculum?	YES	NO
If not, indicate what curriculum is offered and if it is in line with the	National Curricu	lum Statement.	

EDUCATIONAL AND OTHER FACI	LITIES 40 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		
Mark applicable type of building with	a cross "X"		
	Brick and mortar		
	Wood and corrugated iron sheets		
TYPE OF BUILDING(S)	Container accommodation		
	Other (Specify)		
ADMINISTRATIVE FACILITIES			10 10 10 10 10 10 10 10 10 10 10 10 10 1
Indicate number of rooms (If none ha	as been provided, state "None":	NUMBE	R
Office for principal			
Offices for heads of department			
Strong room			
Storage			
Reception area			
Office for secretary/administrative as	ssistant		
Staff room			
Sick bay	Brown and the second of the se		
ABLUTION FACITITIES			7
Indicate number of toilets available to	for (If none has been provided, state "None"):	NUMBI	ER
Boys			
Girls			
Male teachers			
Female teachers SPORT AND CULTURAL ACTIVIT	IES		
Indicate what sports and cultural ac	tivities are offered by the school.		
SCHOOL CALENDER			
Africa?	d school calendar of the inland schools in South	YES	NO
If not, indicate number of school qua	arters and school days per quarter:		

CLASSROOMS TO ACCOMMODATE THE CURRICULUM		
Provisions made for:	NUMBER	
	A STATE OF THE STA	26 70 26 70 70 70 70 70
Ordinary classrooms		
Science rooms		
Computer rooms		
Music		
Civil Technology		
Hospitality Studies		
Library and other media		
Art	8	
Other (specify)		
EDUCATION BUILDINGS		dua
	YES	NO
Has property been rezoned for educational purposes?		
The following municipal services are available:		
Water		
Electricity		
Sewerage		
Refuse removal		,

The following documentation on the education building must be attached to the application:

- (1) Floor plan of the building(s) to be used for education purposes and an indication of the different classrooms (The floor plan(s) need not be to scale.) Each classroom must be numbered clearly and the following indicated:
  - The purpose for which each room will be used
  - The floor area, in square metres, of each room
  - In the case of ablution facilities, the number of toilets, urinals and wash basins
- (2) A site plan indicating the position of the building(s), recreational facilities and total area in square metres or hectares.
- (3) A report from the municipality on the suitability of the building(s) for education purposes and stating whether the building(s) conform(s) to health regulations A health certificate.

EQUIPMENT AND FURNITURE FOR TEACHING PUPOSESES			
Is each classroom equipped with:	YES	NO	NUMBER
Desk for teachers?			
Desk for each learner?			
Chalkboard?			
Does each learner have the required number of textbooks for each			
subject?			
AVAILABILITY OF TEACHING AND LEARNING AIDS	Numb	er	
Data projector			
Computers			
Video equipment			
Audio equipment			
Other (specify)			
ARE THE FOLLOWING ACTIVITIES PROVIDED?	YES		NO
Sport (specify)			
Cultural (specify)			
AVAILABILITY OF MANAGEMENT INFORMATION SYSTEMS AND REC	ORDS	YES	NO
Are management information systems maintained and updated regu	larly?		
Are the following available:			
Employment contracts			
Attendance registers for personnel			
Admission register for learners			
Attendance register for learners			
Learner profiles			
Staff profiles			
Financial records			
Are records filed and kept in cabinets or a strong room?			

INFORMATION ON LEARNERS		YES	N
Particulars of the learners must be	provided on <u>Annexure A</u> .		
INFORMATION ON TEACHERS		YES	NO
Does the school have a sufficient r	number (over 80%) of qualified teachers?		
Are the teachers registered with S Educators)?			
Particulars of the teachers must be	e provided on <u>Annexure B.</u> CIAL ASSISTANCE FROM ANOTHER INSTI		
Amount :R	CIAL ASSISTANCE I NOW ANOTHER INSTIT	TOTION:	
DECLARATION: APPLICANT  We, the undersigned, declare that the respects correct and complete:	e above information and those provided v	vith this applica	ation is in all
Name of applicant	Signature of Applicant Date		
Name of Witness 1	Signature of Witness 1	Date	
Name of Witness 2	Signature of Witness 2	Date	
Chairperson of Governing Board	Signature	Date	
DECLARATION: DISTRICT DEPARTME	NTAL OFFICIALS		
	an in loco inspection was carried out at t	he relevant sch	nool, and that
the information provided in this appli	cation is correct		

Registration Recommended/Not Recommended		
Comments:		
Name of Institutional Support Co-ordinator	Signature	- Date Stamp
Registration Recommended/Not Recommended		A A CONTRACTOR OF THE CONTRACT
Comments:		
Name of Sub-District Manager	Signature	Date Stamp
Registration Approved/Not Approved Comments:		
Name of District Manager	Signature	- Date Stamp

### **HEAD OFFICE USE ONLY**

Recommended/Not Recommended Comments:		
Chief Education Specialist Institutional Development Services	Signature	Date Stamp
Recommended/Not Recommended Comments:		
Director Institutional Development Services	Signature	Date Stamp
Recommended/Not Recommended Comments:		
Deputy Director General Institutional, Management, Governance & Support	Signature	Date Stamp
Recommended/Not Recommended Comments:		
Director Legal Services	Signature	Date Stamp
Registration Approved/Not Approved Comments:		
Superintendent-General	Signature	Date Stamp

### INFORMATION ON LEARNERS

### Number of learners

	Grade R	Grade 1	Grade 2	Grade 3	Grade 4	Grade 5	Grade 6	Grade 7	Grade 8	Grade 9	Grade 10	Grade 11	Grade 12	Total
Boys														
Girls														
Total														

## PARTICULARS OF LEARNERS

If the space below is insufficient, provide information on additional pages and attach them to this form.

Surname and initials (Use more than one line per learner, if necessary.)	Address	Date of Birth	Grade	Gend	
Hecessary.)				М	F
			2 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		
-					

#### TEACHER INFORMATION

Provide details of individual teachers employed at the school (part time and full time) starting with those of the principal following the order of the template below.

PLEASE NOTE: CERTIFIED COPIES OF THEIR INDIVIDUAL QUALIFICATIONS, SACE REGISTRATION CERTIFICATES AS WELL AS WORK PERMITS OF IMMIGRANT TEACHERS MUST BE SUBMITTED WITH THE APPLICATION.

Surname & Initials	Gender	Nationality	SACE Reg. No.	Qualification(s)	Experience	Qualifications	Subject(s) Taught	Grade(s) Taught