



education

DEPARTMENT: EDUCATION
MPUMALANGA PROVINCE

NOTIFICATION OF THE REDUCTION OF GRADES AND CURRICULUM OFFERED AT INDEPENDENT SCHOOLS

1. In terms of the Provincial Regulations relating to the Registration, Withdrawal of Registration and Subsidies to Independent Schools, promulgated in the Provincial Gazette No 2147 of 5 March 2013, nr 4 (6) the owner or principal of a registered independent school must notify the Head of Department, parents, staff and learners at least six months in advance and in writing, of any intention or decision to terminate the operation of the school, which termination should preferably take effect at the end of the academic year. This also implies the discontinuation of any grades and/or curriculum.
2. A notification for the reduction of grades and curriculum to be offered at an independent school must be submitted on form 26/2013 to the relevant Circuit Manager **not later than the end of May** preceding the following academic year. An acknowledgement of receipt must be obtained from the relevant circuit office on submission of the notification.
3. Where any discontinuation in grades and/or curriculum is unavoidable, the school is required to, apart from informing the Head of Department, make reasonable arrangements to enable affected learners to complete the qualification at a comparable public or private school and/or reimburse the affected parents/guardians appropriately.





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A. ADMINISTRATIVE DATA						
DETAILS OF SCHOOL						
Name of school as it appears on Registration Certificate:						
EMIS No:						
Accreditation status with Umalusi:						
Current status of school: Indicate with (X)	Primary (Gr 1-7)	Secondary (Gr 8-12)	Combined	Type of school: (Indicate with X)	Ordinary	Special (LSEN)
Future status if reduction takes effect: Indicate with (X)				Type of school if reduction takes effect: (Indicate with X)		



Physical address:			
Postal address:		Postal Code:	
District:			
Circuit:			
Region:			
Municipality:			
DETAILS OF OWNER OF SCHOOL			
Name(s) and Surname:			
Identification No. (Certified copy attached)			
Valid Work Permit No if applicable: (Certified copy attached)		Expiry Date:	
Passport Number if applicable: (Certified copy attached)		Expiry Date:	
Cellular Phone Number:		Landline Number:	
E-mail Address:			



Postal Address:			
Is the school managed on behalf of a religious society or some other body?	Yes	No	
If the answer above is Yes, give details below:			
Name of Society/Body:			
Name of Contact Person:			
Postal Address:			
Landline Telephone Number:			
Cell Number:			
E-mail Address:			
DETAILS OF OWNER OF THE LAND ON WHICH SCHOOL IS SITUATED			
Name(s) and Surname:			
Identification No: (Certified copy of ID attached)			
Cellular Number:		Landline Number:	
E-mail Address:			
Postal Address:			
	Postal Code:		



<p>Does the land on which the school buildings are, belong to the owner of the school? Indicate with an (X).</p> <p>If Yes, attach a certified copy of the Title Deed. If No, attach certified copy of lease agreement/permission to occupy the land as proof of tenure for a minimum period of one academic year.</p>	Yes		No	
	If No , indicate ownership of land below: Trust/Tribal/Rented			
	Trust	Tribal	Rented	
TYPE OF BUSINESS ENTITY - Indicate with an (X)				
Sole Owner.				
Partnership.				
Closed Corporation. (Registration no.)				
Section 21 Company. (Registration no.)				
Non Profit Company. (Registration no.)				
Trust. (Name of Trust and Registration no.)				
B. TYPE(S) OF AMENDMENT(S)				
By means of an (x), indicate the amendment(s) that are planned.				
1. Reduction of grade(s).				
2. Reduction of curriculum.				



C. PLANNED REDUCTION OF GRADE(S)/CURRICULUM

Provide details of the planned reduction of Grade(s)/Curriculum, e.g. which grades, which subjects, and how many learners will be affected.

Describe the rationale for the planned discontinuation of the Grade(s)/Curriculum.



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Proposed date for implementation of planned reduction:		
Outline the anticipated impact of the planned discontinuation of Grades and Curriculum on the school.		
Has a letter been sent to staff, learners and parents/guardians informing them of the proposed discontinuation of Grades and Curriculum? (Attach a copy of the letter)	Yes	No
Does the school have a list of names, ID numbers and signatures of parents/guardians and staff confirming that they have been informed of the planned discontinuation? (Attach a copy of list)	Yes	No
Outline the arrangements that have been made for affected learners.		



DECLARATIONS:

I, the undersigned, hereby declare that the particulars furnished in the Notification of the Reduction of Grades and Curriculum at Independent Schools and its attachments are true, correct and complete.

NAME OF APPLICANT/OWNER	SIGNATURE	DATE
NAME OF PRINCIPAL	SIGNATURE	DATE
NAME OF CHAIR PERSON OF GOVERNING STRUCTURE	SIGNATURE	DATE



ANNEXURE G1:**CHECK LIST FOR ATTACHMENTS: NOTIFICATION TOWARDS REDUCTION OF GRADES AND CURRICULUM AT INDEPENDENT SCHOOLS**

Note: This checklist must be completed and be attached.

Documents included	Please tick (√)
1. Section A completed. <i>(More than one in case of more than one owner)</i>	
2. Section B completed.	
3. Section C completed.	
4. Copy of ID of owner.	
5. Valid Work Permit No. if applicable of owner.	
6. Copy of passport if applicable.	
7. Copy of ID No. of owner of land.	
8. A certified copy of the Title Deed if applicable.	
9. Certified copy of lease agreement/permission to occupy the land.	
10. Copy of letter sent to staff, learners and parents/guardians informing them of the proposed discontinuation of Grades and Curriculum.	
11. List of names, ID numbers and signatures of parents/guardians and staff confirming that they have been informed of the planned discontinuation.	



CERTIFICATION AND CONFIRMATION OF TAKING NOTE OF ENVISAGED REDUCTION OF GRADES AND CURRICULUM AT AN INDEPENDENT SCHOOL BY CIRCUIT MANAGER

This is to certify that I, _____, the Circuit Manager of _____, have checked the completeness of the *Notification of the Reduction of Grades and Curriculum at an Independent School*, and has taken note of the envisaged reduction of Grades/Curriculum.

I confirm that confidentiality in terms of the notification will be upheld.

REDUCTION OF GRADES/CURRICULUM NOTED

Comments:

CIRCUIT MANAGER

DATE

NAME IN PRINT



CONFIRMATION OF TAKING NOTE OF ENVISAGED REDUCTION OF GRADES AND CURRICULUM AT AN INDEPENDENT SCHOOL BY CIRCUIT COORDINATOR

This is to certify that I, _____, the Circuit Coordinator of _____, have taken note of the envisaged reduction of Grades/ Curriculum.

I confirm that confidentiality in terms of the notification will be upheld.

REDUCTION OF GRADES/CURRICULUM NOTED

Comments:

CIRCUIT COORDINATOR

DATE

NAME IN PRINT



CONFIRMATION OF TAKING NOTE OF ENVISAGED REDUCTION OF GRADES AND CURRICULUM AT AN INDEPENDENT SCHOOL BY DISTRICT DIRECTOR

I confirm that confidentiality in terms of the notification will be upheld.

REDUCTION OF GRADES AND CURRICULUM NOTED

Comments:

DISTRICT DIRECTOR

DATE

NAME IN PRINT



CONFIRMATION OF TAKING NOTE OF ENVISAGED REDUCTION OF GRADES AND CURRICULUM AT AN INDEPENDENT SCHOOL BY CHIEF DIRECTOR: GET

(If applicable to GET Band)

I confirm that confidentiality in terms of the notification will be upheld.

REDUCTION OF GRADES AND CURRICULUM NOTED

Comments:

CHIEF DIRECTOR: GET

DATE

NAME IN PRINT



CONFIRMATION OF TAKING NOTE OF ENVISAGED REDUCTION OF GRADES AND CURRICULUM AT AN INDEPENDENT SCHOOL BY CHIEF DIRECTOR: FET

(If applicable to FET Band)

I confirm that confidentiality in terms of the notification will be upheld.

REDUCTION OF GRADES AND CURRICULUM NOTED

Comments:

CHIEF DIRECTOR FET

DATE

NAME IN PRINT



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CONFIRMATION OF TAKING NOTE OF ENVISAGED REDUCTION OF GRADES AND CURRICULUM AT AN INDEPENDENT SCHOOL BY DEPUTY DIRECTOR GENERAL: CURRICULUM

I confirm that confidentiality in terms of the notification will be upheld.

REDUCTION OF GRADES AND CURRICULUM NOTED

Comments:

DEPUTY DIRECTOR GENERAL: CURRICULUM

DATE



CONFIRMATION OF TAKING NOTE OF ENVISAGED REDUCTION OF GRADES AND CURRICULUM AT AN INDEPENDENT SCHOOL BY HEAD OF DEPARTMENT

REDUCTION OF GRADES AND CURRICULUM NOTED

Comments:

HEAD OF DEPARTMENT

DATE



ACKNOWLEDGEMENT OF RECEIPT OF A NOTIFICATION TO REDUCE GRADE(S) AND CURRICULUM AT AN INDEPENDENT SCHOOL

Important note to owner:

Ensure that you, on submission of the *Notification to Reduce Grade(s) and Curriculum at an Independent School*, receive a copy of this acknowledgement of receipt, as evidence, and for reference purposes.

“Hereby it is acknowledged by the undersigned persons, that the *Notification to Reduce Grade(s) and Curriculum at an Independent School* had been submitted to the office of the relevant Circuit Manager **on/or before the end of May.**”

It is acknowledged that all information contained in the Notice to Reduce Grades and Curriculum at an Independent School *is* strictly confidential and will be treated as such.

Name of school:	
Name of person submitting notification:	
Signature of person submitting notification:	
Date submission was made at Circuit Office:	
Name of person receiving the notification:	
Signature of person receiving notification:	

DATE STAMP OF CIRCUIT OFFICE

