

Annexure E
APPEAL FORM



GAUTENG PROVINCE
Department: Education
REPUBLIC OF SOUTH AFRICA

School Logo, Name, Registration Number and Address
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TO : MEC

Gauteng Department of Education

FROM : Mr/Mrs/Ms/Dr/Prof: _____

SUBJECT : Appeal against refusal of admission of my child

DATE : _____

Dear Sir/Madam

Please find my appeal against the Head of Department's decision to uphold the decision of _____ Primary/Secondary School for refusing to admit my Child or children, as per Regulation 16(5) for Admission of Learners to Public Schools.

I have attached the decision of the Head of Department

Date of Objection: _____

DATE OF APPLICATION TO SCHOOL	
WAITING LIST NUMBER	
NAME OF LEARNER	
SCHOOL ATTENDED	
PARENT'S/GUARDIAN'S CONTACT NUMBER	
REASON FOR BELIEVING REFUSAL	

IS <u>IRREGULAR</u>	
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I declare that the information in this document is true and accurate and understand that the implications of supplying false information will nullify the appeal

Name: _____ Parent's/Guardian's Signature: _____

Date: _____