



GAUTENG PROVINCE
EDUCATION
REPUBLIC OF SOUTH AFRICA

School Logo, Name,
Registration Number and
Address

Annexure D
OBJECTION FORM

TO : Head of Department c/o The District Director
Gauteng Department of Education

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

SUBJECT : Objection against refusal of admission of my child

DATE : _____

Dear Sir/Madam

Please find my objection against _____
Primary/Secondary School for refusing to admit my child/children, as per Regulation 16(3) for
Admission of Learners to Public Schools.

I have attached a written response from the school with details of my waiting list number ('A/
'B') and reason(s) for refusal

DATE OF APPLICATION	
WAITING LIST NUMBER	
NAME OF LEARNER	
SCHOOL ATTENDED	
PARENT'S/GUARDIAN'S CONTACT NUMBER	
REASON FOR BELIEVING REFUSAL IS <u>IRREGULAR</u>	

I declare that the information in this document is true and accurate and understand that the implications of supplying false information will nullify the objection

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

Date: _____