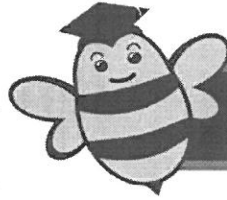


Annexure B



basic education

Department:
Basic Education
REPUBLIC OF SOUTH AFRICA



**SPELLING BEE
SOUTH AFRICA**

Reading clubs

SPELLING BEE REGISTRATION FORM

*[This form must be completed and submitted to the District/ Provincial coordinator. Only **grades 4-6** learners from public, independent, special and registered home education learners are eligible for registration]*

Name of the Province:..... **District:**.....

Name of School						
Telephone number of the School	()					
Fax number of the School	()					
Emis number of the School						
Postal Address of the school Code <input type="text"/>					
Residential/ Physical Address of the school Code if any <input type="text"/>					
Name of the Principal						
Cell-/Contact No. of the Principal						
E-Mail of the Principal						
Particulars of learners or a learner taking part:						
Surname	Name (S)	Grade	Gender	Home Language	Date of Birth	
1.						
2.						
3.						
4.						
NB: Write on separate page and attach to the form if space is not enough						

SCHOOL STAMP

Signature of the Principal: _____

Date : _____