



## EASTERN CAPE DEPARTMENT OF EDUCATION

### DEVIATION FROM THE CALENDAR / CLOSING OF SCHOOL FOR A DAY

NAME OF SCHOOL \_\_\_\_\_

**1. DEVIATION FROM THE CALENDAR** (Days to be lost and made up.)

We wish to apply to deviate from the school calendar.

Date(s) to be lost 

Y	Y	M	M	D	D	-	Y	Y	M	M	D	D
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Date(s) on which lost day(s) will be made up 

Y	Y	M	M	D	D	-	Y	Y	M	M	D	D
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Motivation for deviation: (If insufficient space, please use a separate sheet)

**2. CLOSING OF SCHOOL FOR A DAY** (Sports meeting, Religious Ceremonies, etc.)

We wish to apply to close the school.

Date on which we wish to close: 

Y	Y	M	M	D	D
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Time of actual function / event: 

H	H	:	M	M	-	H	H	:	M	M
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Venue of above function / event:

Give a summary of the activities for the function / event or attach a programme:

**PRINCIPAL**

**CHAIRPERSON : SGB**

NAME

SIGNATURE

DATE

**FOR OFFICIAL USE:**

Recommended / Not recommended	
_____	_____
<b>EDUCATION DEVELOPMENT OFFICER</b>	<b>DATE</b>

Recommended / Not recommended (Deviations only)	
Approved / Not approved (Closing only)	
_____	_____
<b>DISTRICT DIRECTOR</b>	<b>DATE</b>

Recommended / Not recommended (Deviations only)	
_____	_____
<b>DIRECTOR:</b>	<b>DATE</b>

Recommended / Not recommended (Deviations only)	
_____	_____
<b>CHIEF DIRECTOR:</b>	<b>DATE</b>

Recommended / Not recommended (Deviations only)	
_____	_____
<b>DEPUTY DIRECTOR GENERAL</b>	<b>DATE</b>

Approved / Not approved (Deviations only)	
_____	_____
<b>SUPERINTENDENT GENERAL</b>	<b>DATE</b>