

| | | | | | | | | | | | |
|----------------------|--|--|--|--|--|--|--|--|--|--|--|
| Educators | | | | | | | | | | | |
| 1. | | | | | | | | | | | |
| 2. | | | | | | | | | | | |
| 3. | | | | | | | | | | | |
| 4. | | | | | | | | | | | |
| Non-Educators | | | | | | | | | | | |
| 1. | | | | | | | | | | | |
| 2. | | | | | | | | | | | |
| 3. | | | | | | | | | | | |
| Learners | | | | | | | | | | | |
| 1. | | | | | | | | | | | |
| 2. | | | | | | | | | | | |
| 3. | | | | | | | | | | | |
| TOTAL | | | | | | | | | | | |

| | | | | | | | | | | |
|--|---------|--|-------|--|----------|--|--------|--|--------------|--|
| NUMBER OF LEARNERS ENROLLED AT THE SCHOOL | African | | White | | Coloured | | Indian | | Total | |
|--|---------|--|-------|--|----------|--|--------|--|--------------|--|

NB: This form must be submitted by the end of January each year by the School Principal

SCHOOL STAMP

Name of SGB Chairperson:.....

Signature:.....

Date:.....