



Department of Education
Lefapha la Thuto
Department Van Onderwys



1st Floor Gorona Building Mmabatho. Private Bag X 2044. Mmabatho 2735
Tel: (+27 18) 387 3429-3404. Fax: (+27 18) 387 3430
e-mail: dagedu@nwpg.org.za, dpretorius@nwpg.org.za

NORTH WEST PROVINCE

**APPLICATION ON BEHALF OF A LEARNER FOR PLACEMENT
IN A PUBLIC SPECIAL SCHOOL/LSEN**

GENERAL INSTRUCTIONS

Section A and B to be completed by the school in collaboration with the parent/guardian. Attach all the latest documents or reports, e.g. medical report, psychological report, school report, learner profile, etc.

Submit the application form and attached documentation to the Regional Division Inclusive Education, who will complete Section C.

After the completion of Section C, the Division Inclusive Education will submit the application form to the Directorate: Inclusive Education for a final decision.

LSEN NUMBER	
To be allocated by Head Office.	

Name of a special school/LSEN Unit recommended by Regional Division Inclusive Education.		
	Region	

Name of referral School			
Region		Date of application	

SECTION A: PERSONAL PARTICULARS OF LEARNER (To be captured on LSEN Register).							
FULL NAME OF LEARNER							
DATE OF BIRTH		AGE		YEARS		MONTHS	
PRESENT GRADE		AGE AT FIRST SCHOOL ADMITTANCE		YEARS		MONTHS	
HOME LANGUAGE				YEARS		MONTHS	
NAME & ADDRESS OF PARENTS							
CODE (H)		TEL NO (H)		CODE (W)		TEL NO (W)	

SECTION B: INFORMATION ON BARRIER(S) TO LEARNING EXPERIENCED BY LEARNER.
1. Short description of barrier(s) to learning.
2. In what way does the barrier(s) to learning prevents the learner to attend an ordinary public school?

SECTION C: TO BE COMPLETED BY THE REGIONAL INCLUSIVE EDUCATION DIVISION.		
NAME OF INCLUSIVE EDUCATION OFFICIAL		
Does the learner qualify for placement in a special school/LSEN Unit?	YES	NO
Please motivate.		
SIGNATURE		DATE
COORDINATOR: DIVISION IE		

NB! IF APPLICABLE ATTACH OWN REPORT AND/OR ANY FURTHER INFORMATION OBTAINED.

SECTION D: TO BE COMPLETED BY THE DIRECTORATE: INCLUSIVE EDUCATION.		
NAME OF INCLUSIVE EDUCATION OFFICIAL		
Does the learner qualify for placement in a special school/LSEN Unit?	YES	NO
Please motivate.		
SIGNATURE		DATE
COORDINATOR: DIVISION IE		

Placement in a special school/LSEN Unit	
<input type="checkbox"/>	approved
<input type="checkbox"/>	not approved
SIGNATURE	
HEAD OF DEPARTMENT	
DATE	

NOTES

The Division Inclusive Education will acknowledge receipt of this application.
 The School, Regional Office and Head Office will keep record of the application.
 All parties involved will be informed on the outcome of this application.
 All enquiries will be to the Division Inclusive Education.

MJV245/dp



Department of Education
Lefapha la Thuto
Department Van Onderwys



1st Floor Gorona Building Mmabatho. Private Bag X 2044. Mmabatho 2735
 Tel: (+27 18) 387 3429-3404. Fax: (+27 18) 387 3430
 e-mail: dagedu@nwpg.org.za, dpretorious@nwpg.org.za

NORTH WEST PROVINCE

FAX TRANSMITTAL	
TO:	
FAX NO:	
NO. OF PAGES:	

Enquiries: _____
 Tel: _____

TO:

DATE: _____

Dear Sir/Madam

ACKNOWLEDGEMENT OF RECEIPT

This confirms that the application on behalf of _____
 for placement in a special school/LSEN unit has been received, and that you will be informed on the
 outcome in due course.

Yours sincerely

 CO-ORDINATOR
 DIVISION: INCLUSIVE EDUCATION

MJV2248/dp



Department of Education
Lefapha la Thuto
Department Van Onderwys



1st Floor Gorona Building Mmabatho. Private Bag X 2044. Mmabatho 2735
Tel: (+27 18) 387 3429-3404. Fax: (+27 18) 387 3430
e-mail: dagedu@nwpg.org.za, dpretorious@nwpg.org.za

NORTH WEST PROVINCE

FAX TRANSMITTAL	
TO:	
FAX NO:	
NO. OF PAGES:	

Enquiries: _____
Tel: _____

TO:

DATE: _____

APPLICATION FOR THE PLACEMENT OF A LEARNER IN A SPECIAL SCHOOL/LSEN UNIT

Dear Sir/Madam

Placement of _____ In
_____ Special School/LSEN Unit

This is to inform you that after careful consideration and a thorough evaluation of the application on behalf of the above learner, that placement in a special school/LSEN Unit, has been

APPROVED NOT APPROVED

COMMENTS

NOTE: An appeal against the above decision should be made in writing to the Head of Department within 14 days upon receipt of this letter

Yours sincerely

HEAD OF DEPARTMENT

PLEASE INFORM THE PARENTS/GUARDIAN ON THE OUTCOME OF THE APPLICATION

MJV247/dp