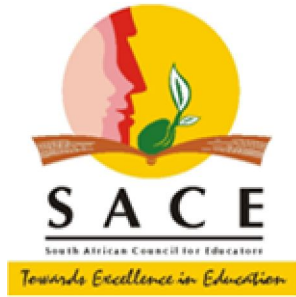


SCHOOL PROFILE FORM



To be completed by the Principal/Delegated Person

SECTION A: DETAILS OF A PERSON WHO COMPLETED THE FORM IF NOT THE PRINCIPAL

TITLE																				
SURNAME																				
FULL NAMES																				
ID NUMBER																				
CELL NUMBER																				
TELEPHONE NUMBER																				
FAX NUMBER																				
EMAIL																				
POSTAL ADDRESS																				
																				CODE:

SECTION B: SCHOOL DETAILS

NAME OF SCHOOL:																				
EMIS NUMBER:																				
PHYSICAL ADDRESS:																				

SCHOOL PROFILE FORM

											CODE:		
POSTAL ADDRESS:													
											CODE:		
PROVINCE : (Indicate with "X")	Eastern Cape												
	Free State												
	Gauteng												
	KwaZulu-Natal												
	Limpopo												
	Mpumalanga												
	Northern Cape												
	North West												
	Western Cape												
DISTRICT:													
Fee or No fee School: (Indicate with "X")	Fee Receiving School												
	No Fee receiving School												
TELEPHONE NUMBER:													
FAX NUMBER:													
WEBSITE(if any):	W	W	W	.									

SCHOOL PROFILE FORM

EMAIL ADDRESS:																			
TYPE OF SCHOOL: <i>(Indicate with "X" below)</i>																			
Location of the school: <i>(Indicate with "X")</i>	Farm																		
	Rural																		
	Urban																		
	Township																		
	Informal Settlement																		
Primary/Secondary/Combined: <i>(Indicate with "X")</i>	Primary																		
	Secondary																		
	Combined																		
Public /Independent : <i>(Indicate with "X")</i>	Public																		
	Independent																		
Mainstream /Special School (LSEN): <i>(Indicate with "X")</i>	Mainstream																		
	Special School (LSEN)																		
** If your school also falls under the following categories ,please indicate with an X where applicable :																			
Arts: <i>(Indicate with "X")</i>	Music																		
	Dance																		
	Theatre																		
	Drama																		
Sports school: <i>(Indicate with "X")</i>																			
Hospitality: <i>(Indicate with "X")</i>																			
School of skills: <i>(Indicate with "X")</i>																			
Agricultural School: <i>(Indicate with "X")</i>																			

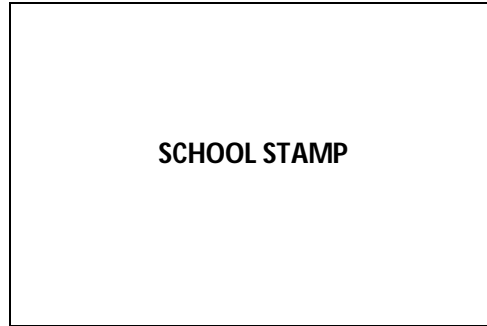
SCHOOL PROFILE FORM

Other (specify): <i>(Indicate with "X")</i>				
Does the school have Grade R? <i>(Indicate with "X")</i>	Yes		No	

SECTION C: STAFF DETAILS

NUMBER OF EDUCATORS:						
GENDER:	Number of male teachers:			Number of female teachers		
NUMBER OF DEPUTY PRINCIPALS:	Acting:			Permanent:		
NUMBER OF HEADS OF DEPARTMENTS (HODs):	Acting:			Permanent:		
HOW MANY TEACHERS ARE EMPLOYED BY THE SGB?						
HOW MANY TEACHERS ARE APPOINTED ON A TEMPORARY BASIS?						
HOW MANY TEACHERS ARE PERMANENTLY EMPLOYED?						
HOW MANY TEACHERS ARE:	QUALIFIED					
	UNQUALIFIED					
	UNDER-QUALIFIED					
NUMBER OF FOREIGN TEACHERS:						
INDICATE TOTALS IN TERMS OF POPULATION GROUPS:						
	POPULATION GROUP:				TOTAL:	
	1. AFRICANS					
	2. COLOUREDS					
	3. INDIANS					
	4. WHITES					

SCHOOL PROFILE FORM



Signed by _____ on this ____ day of _____ 20__

Signature