



CURRICULUM

7.1 FOR GRADES R - 7 ONLY

7.1.1 HOME LANGUAGE(S)

.....

PROPOSED HOME LANGUAGE.....

7.1.2 ADDITIONAL LANGUAGES (FAL AND OR SAL)

.....

4.3 If the Independent School does not follow the Free State Curriculum, indicate and attach the intended curriculum to be followed.
(Only for Independent Schools)

.....

7.2. FET

Grades 8 TO 12	
7.2.1 HOME LANGUAGE (S)
7.2.2. ADDITIONAL LANGUAGES (FAL AND OR SAL)



CURRICULUM SUBJECTS (GRADES 8 - 12)

OPTION 1 SUBJECTS	OPTION 2 SUBJECTS	PROPOSED SUBJECTS
1.	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.
5.	5.	5.
6.	6.	6.
7.	7.	7.

DECLARATION OF SCHOOL PRINCIPAL / OWNER

All sections of the application are fully completed.
best of my knowledge, true and correct.

I, (in print) hereby declare that the above particulars are, to the

.....
.....

SIGNATURE:

DATE:



FOR OFFICE USE ONLY

RECOMMENDATION OF PROPERTY MANAGER

All sections of the form are fully completed.

I, (in print) hereby declare that the above particulars are, to the best of my knowledge, true and correct. The application for the amendment of the curriculum is: **Recommended/Recommended as amended/Not recommended**
.....
.....

SIGNATURE: **DATE:**

RECOMMENDATION OF CIRCUIT MANAGER

I, (in print) hereby declare that the above particulars are, to the best of my knowledge, true and correct. The application for the amendment of the curriculum is: **Recommended/Recommended as amended/Not recommended**
.....
.....

SIGNATURE: **DATE:**



RECOMMENDATION OF CES: MANAGEMENT AND GOVERNANCE

I, (in print) hereby declare that the above particulars are, to the best of my knowledge, true and correct. The application for the amendment of the curriculum is: **Recommended/Recommended as amended/Not recommended**

SIGNATURE: **DATE:**

RECOMMENDATION OF SAAC

I, (in print) hereby declare the subjects to be offered in the applicable grade(s) in line with the capacity of the school to the best of my knowledge, and are true and correct. The application for the amendment of the curriculum is: **Recommended/Recommended as amended/Not recommended**

SIGNATURE: **DATE:**



RECOMMENDATION OF CES: CURRICULUM MANAGEMENT AND IMPLEMENTATION

I, (in print) hereby declare that the above particulars are, to the best of my knowledge, true and correct. The application for the amendment of the curriculum is: **Recommended/Recommended as amended/Not recommended**
.....
.....

SIGNATURE: **DATE:**

RECOMMENDATION OF CES: EDUCATION DEVELOPMENT AND SUPPORT

I, (in print) hereby declare that the above particulars are, to the best of my knowledge, true and correct. The application for the amendment of the curriculum is: **Recommended/Recommended as amended/Not recommended**
.....
.....

SIGNATURE: **DATE:**



RECOMMENDATION OF DISTRICT DIRECTOR

I, (in print) hereby declare that:

- the above particulars are, to the best of my knowledge, true and correct;
- arrangements will be made for qualified educators to be available to teach the recommended curriculum;
- the necessary Learning Support Material will be budgeted for and ordered before the intended implementation date;
- the furniture, space, stationery, and support material will be available to ensure quality education as from the intended implementation date.

(Indicate the steps taken by the District Office to ensure that the above-mentioned items are provided – use a separate page)

The application for amendment of the curriculum is:

Recommended/Recommended as amended/Not recommended

.....

.....

.....

SIGNATURE:

DATE:



RECOMMENDATION OF DIRECTOR: FET SCHOOLS CURRICULUM MANAGEMENT

I, (in print) hereby declare that the above particulars are, to the best of my knowledge, according to curriculum norms and standards. The application for the amendment of the curriculum is: **Recommended / Recommended as amended / Not recommended**

.....

.....

.....

.....

.....

SIGNATURE: **DATE:**



RECOMMENDATION DIRECTOR: INSTITUTIONAL DEVELOPMENT, MANAGEMENT AND GOVERNANCE

RECOMMENDED / RECOMMENDED AS AMENDED / NOT RECOMMENDED

.....

.....

.....

SIGNATURE:

DATE:

CHIEF DIRECTOR: CURRICULUM AND PROFESSIONAL SUPPORT

APPROVED / APPROVED AS AMENDED / NOT APPROVED

.....

.....

.....

SIGNATURE:

DATE:



education

Department of
Education
FREE STATE PROVINCE