ANNEXURE A2

FORM DBE 123b

APPLICATION BY THE DISTRICT-BASED SUPPORT TEAM FOR PLACEMENT OF LEARNER AT A RESOURCE CENTRE/SPECIAL SCHOOL/FULL-SERVICE SCHOOL TO ACCESS A HIGH-LEVEL SUPPORT PROGRAMME

Attach a copy of the Learner Profile, SIAS 1-3, the original Parent/Legal Caregiver Request Form 123a and send to the District Central Admissions Committee

DISTRICT/CIRCUIT	Initials and sur	mame o	of learn	er						
	Reason for referral and support programme to be accessed									
	Name of current school or institution									
	Name of District/Circuit that refers learner									
	Name of the District/Circuit where the learner must be placed									
	Name of Full-Service School/Special School/Resource Centre where learner should be placed									
	Motivate the choice of this specific school/programme if the learner will not be attending the facility closest to the learner's residential address									
	Does the learner require hostel accommodation?					our choice)		Yes	No	
DBST RECOMMENDATION										
DBST	Indicate why the recommended support action plan cannot be implemented within an ordinary public school									
	20//									
	Signature of DBST Coordinator				Initials and surname (print) Date					
DISTRICT RECOMMENDATION										
DISTRICT	Recommended	Y	N	If no, provide	e alternative re	ecommendation:				
	Initials and surname (print)				Signature			Date:		
								20	11	
PROVINCIAL ADMISSIONS COMMITTEE										
PROVINCIAL DIRECTOR	Approved	Y	N	If not, provid	e alternative re	ecommendation:				
	Initials and surname (print)					Signature			Date:	
								20//		