

EASTERN CAPE DEPARTMENT OF EDUCATION

SCHOOL TOURS AND EXCURSIONS

NAME OF SCHOOL

1. SCHO	OL TOURS					
	quest permission to undertake a	a school tour.				
Duration			M D D	- Y Y	M M D D	
Please	e attach a motivation for underta	aking the tour a	nd itinerary.			
Numb	er of Learners	MALE	FEMALE			
Numb	er of supervisory staff	MALE FEMALE				
Arrangements	for transport					
Arrangements	for accommodation					
				_		
	ATIONAL EXCURSIONS					
We request pe	ATIONAL EXCURSIONS ermission to undertake an Educa	ational Excursic				
We request pe		ational Excursic	TE	No. OF	No. OF STAFF	
We request pe	ermission to undertake an Educa		TE		No. OF STAFF	
We request pe	ermission to undertake an Educa		TE	No. OF		
We request pe	ermission to undertake an Educa		TE	No. OF		
We request pe	ermission to undertake an Educa		TE	No. OF		
We request pe	ermission to undertake an Educa		TE	No. OF		
We request pe	ermission to undertake an Educa		TE	No. OF		
We request pe	ermission to undertake an Educa		TE LE	No. OF	STAFF	
We request pe	PURPOSE RINCIPAL		TE LE	No. OF EARNERS	STAFF	
We request pe	PURPOSE RINCIPAL	DA	TE LE	No. OF EARNERS	STAFF	
We request pe	PURPOSE RINCIPAL	IAME	CHAIR	No. OF EARNERS	STAFF	
We request pe	PURPOSE RINCIPAL	IAME	CHAIR	No. OF EARNERS	STAFF	
We request pe	PURPOSE RINCIPAL N SIGN	IAME	CHAIR	No. OF EARNERS	STAFF	

FOR OFFICIAL USE:

Recommended / Not recommended	
	<u> </u>
EDUCATION DEVELOPMENT OFFICER	DATE
Approved / Not approved	
DISTRICT DIRECTOR	DATE