



2020 ENGLISH OLYMPIAD ENTRY FORM

Date of Examination: Tuesday 3 March 2020

FOR OFFICE USE ONLY

DATE RECEIVED: _____
 ENTRIES COMPLETE: _____
 PAYMENT IN FULL: R _____
 CAPTURED ON D/BASE: _____
 ALLOCATED CENTRE NO.: _____
 No. of books: _____

- Before entering candidates, please check that there is **no clash** between the exam date and your school calendar, because **neither the date nor the time of the exam can be changed**.
- Please fill in the form using a black pen and CAPITAL letters.

NAME OF SCHOOL:			
POSTAL ADDRESS: Please provide the preferred address where English Olympiad material will be collected timeously.	REGISTERED MAIL ADDRESS (SAPO)		POSTNET COUNTER-TO-COUNTER ADDRESS
	POSTAL CODE:		
PHYSICAL ADDRESS: Please provide an address where exam material can be delivered by courier (if necessary) between 08h00-17h00 on weekdays.			
	POSTAL CODE:		PROVINCE:
SCHOOL CONTACT NUMBER:	CODE	SCHOOL TELEPHONE NUMBER	SCHOOL FAX NUMBER
SCHOOL EMAIL ADDRESS:			
TEACHER IN CHARGE: <small>*Please note that we will NOT use or give out your contact number for any other reason besides your entry in the English Olympiad.</small>	TITLE NAME SURNAME		
	TEACHER'S CELL NUMBER		TEACHER'S EMAIL ADDRESS
PRINCIPAL:	TITLE NAME SURNAME		

<p>CLOSING DATE: 11 October 2019</p> <p>ENTRY FEE: R125.00 per entry/candidate</p> <p>Proof of payment needs to be received by the Olympiad Officer with your entry form on, or before, the entry closing date, to qualify for entering.</p> <p>Entries will <u>not</u> be processed without a proof of payment.</p> <p>Please ensure that this form is completed fully and accurately. Forms that are not completed correctly will result in delays with processing entries.</p>	<p>ENTRY DATE: _____</p> <p>Total Number of Entries: _____ x R125 = _____</p> <p>Additional Texts (teacher's copy of the anthology): _____ x R35 = _____</p> <p>Postage cost per parcel Study Materials: R100* *Please include this postage fee with other costs in the final total.</p>	<p>Total number of Bursary Entries (R25 per entry): (Subject to approval –please see EOS in Call for Entries) _____ x R25 = _____</p> <p>Detailed Assessments (DA) R150 per candidate: -Additional cost exclusive of entry fee. -Maximum of 2 per school. <i>Please highlight and star the relevant candidates' names on the entry form.</i> _____ x R150 = _____</p> <p>Deadline for Detailed Assessment requests: 31 October 2019</p> <p>TOTAL Amount: _____ (Please add up all amounts due)</p>
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Important information:

1. Please WRITE CLEARLY when filling in the candidates' names. Please check the spelling of candidates' names before submitting the form. If you fax your form, please send a separate typed sheet of your candidates' names.
2. *Please assist us by completing the column on race; the funders will be most grateful for your co-operation.
3. **Please ensure that you fill in ALL COLUMNS before submitting your entries.**

Please make copies of this form if you need more space to enter candidates' names.

PRINT VERY CLEARLY. Note: faxes are often difficult to read.

	First Name	Surname	Grade in 2020 9, 10,11 or 12	Gender F = Female M = Male	*Race Black, White, Coloured, Indian, Asian B, W, C, I, A	HL - Home Language exam or FAL - First Additional Language exam	Signature Please ask candidates to double check the spelling of their names
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***Please note:** information on candidates' race and gender is solely used for statistics and does not impact on their entry.

EFT Banking Details:

Name: Grahamstown Foundation

Bank: Standard Bank

Branch: Grahamstown Branch Code: 050 917

Account number: 081 996 071

****NB** Reference for payments: EO & your School's Name (e.g. EO Best High School)**Please email / fax a **PROOF OF PAYMENT** when returning this form.**NO candidates will be registered, or anthologies posted, unless proof of payment has been received by the Olympiad Officer.**

Olympiad Office: *Phone: 046 603 1145 / 07 ***Fax:** 086 262 6048 ***Email:** olympiad@foundation.org.za