



2024 ENGLISH OLYMPIAD ENTRY FORM

FOR OFFICE USE ONLY

DATE RECEIVED: _____
 PAYMENT DUE: R _____
 CAPTURED ON D/BASE: _____
 ALLOCATED CENTRE NO: _____
 ANTHOLOGIES & STUDY GUIDES: _____

Date of Examination: Tuesday, 5 March 2024

➤ Before entering candidates, please check that there is **no clash** between the exam date and your school calendar.

NAME OF SCHOOL		
SCHOOL TELEPHONE NO		
SCHOOL E-MAIL ADDRESS		
DELIVERY OF ENGLISH OLYMPIAD MATERIALS	POSTNET ADDRESS (Counter-to-counter delivery)	SCHOOL ADDRESS
Please provide the name of your preferred PostNet branch for delivery of English Olympiad materials AND your school's physical address.	POSTNET BRANCH NAME:	PHYSICAL ADDRESS:

	Postal Code:
TEACHER IN CHARGE (Senior English Teacher or HOD)	Title Name Surname	
For Olympiad use only. These details will not be shared with any third party. ▶	TEACHER'S CELL NO:	TEACHER'S EMAIL ADDRESS:
PRINCIPAL	Title Initials Surname	
	Signature: Date:	

CLOSING DATE:
30 September 2023

(We regret that late entries cannot be accepted.)

ENTRY FEE: R115 per candidate

Proof of Payment must be received together with this entry form **on or before the closing date** to qualify for participation. **Entries cannot be processed without proof of payment.**

Please ensure that this form is completed **accurately**. Incomplete forms may result in delays in processing entries.

FEES PAYABLE	
Entry Fees (R115 per candidate) x R115 = R
Additional Texts (Teachers' anthologies & study guides) x R30 = R
Postage fee for Study Materials (R150 per school)	1 x R150 = R 150.00
OPTIONAL: Detailed Assessments (R190 extra) (Limited to 2 requests per school.) <i>Please indicate the relevant candidates with an asterisk (*) on the list overleaf.</i>	OPTIONAL (NOT COMPULSORY) x R190 = R
TOTAL = R	

Banking Details:

Bank: Standard Bank **Branch no:** 050917
Account Name: English Olympiad **Account no:** 081 975 988
Payment Reference: "EO" & your School's Name

49th National English Olympiad – Examination Date: 5 March 2024

Name of School: _____

Page ___ of ___

Instructions:

1. Please make additional copies of this form if you wish to enter more than 20 candidates.
2. Please **WRITE CLEARLY** when filling in your candidates' names. Please check the spelling of candidates' names.
3. You may send a separate typed sheet of your candidates' names, as handwritten forms are often difficult to read.
4. Please assist us by completing the columns on race and gender. This information is used for statistical purposes only.
5. **Please ensure that you fill in ALL COLUMNS before submitting your entries.**

	First Name	Surname	Grade in 2024 (9, 10,11 or 12)	Gender*	Race* (B/C/I/W)	HL or FAL (Home Language or First Additional Language)	Signature of Candidate (Please check spelling of your name.)
1							
2							
3							
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7							
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11							
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18							
19							
20							

* - **Please Note:** Information on race and gender is used for statistical purposes, and does not affect eligibility.

Please email this form with proof of payment to:

The Olympiad Officer

Email: olympiad@foundation.org.za

Fax: 086 262 6048 **Phone:** 046 603 1115/14

School Date Stamp: