

2016 PRIMARY SCHOOL ASSESSMENTS SCHOOL INFORMATION SHEET

Name of School: _____

Name of Principal: _____

Contact Person: _____

Language of Teaching and Learning: _____

Physical Address

Postal Address

(For Delivery Purposes)

Code: _____

Code: _____

Principal/Contact Persons' Cellular Numbers: _____

Telephone Number Code: _____ Number: _____

Fax Number Code: _____ Number: _____

Email addresses : _____

Affiliated to (e.g. ACSI, ISASA, SABJE, etc.) : _____

Please indicate which assessments you would like to register for by indicating the number of learners that will be participating in each assessment in the appropriate block/s:

Grade 6 Core Skills Test

MATCH

International Benchmarking Tests:

	Grade 3	Grade 4	Grade 5	Grade 6	Grade 7
English					
Maths					
Science					

NB: This form must reach the IEB offices **on or before 15 February 2016**. It can be emailed to MahatlaneT@ieb.co.za.