



Annexure B (1) - Application for exemption of a learner not to attend school due to a comorbidity

To be completed by the parent/legal guardian

(COMORBIDITY APPLICATION)

I, _____ (**name and surname**), the parent/legal guardian (*delete whichever is not applicable*), hereby wish to apply to the Head of Department to exempt my child temporarily from compulsory school attendance, in terms of section 4 of the South African Schools Act, 1996 (Act 84 of 1996), for the foreseeable future, due to one or more comorbidities.

_____ (**Name of learner**)

_____ (**CEMIS No.**)

_____ (**Grade**)

_____ (**Name of School**)

I do so, and take full responsibility, to oversee the learning of my child at home as indicated in the signed agreement (Annexure C).

