

**APPLICATION: IMMIGRANT STATUS
(EXEMPTION FROM FIRST ADDITIONAL LANGUAGE)**

This form is to be completed for learners that meet the requirements to be classified as an immigrant learner as set out in paragraph 4(1)(a) of the NPPPR.

PLEASE NOTE

- To be completed by SACAI registered institutions only.
- To ensure a speedy process, kindly ensure that this form is completed in full and all the required supporting documentation is attached.
- Any form that has not been signed by both a parent/guardian and a representative of the SACAI registered institution, cannot be processed.
- An **application fee of R150.00** is payable. The institution will be invoiced for the application; no parent should pay SACAI directly.

1	INSTITUTION				
2	CANDIDATE	Surname			
		Name(s)			
		Current grade			
		Date of birth			
		ID / Passport number			
		Date of entry into SA			
		From which country?			
3	LAST SCHOOL ATTENDED OUTSIDE SOUTH AFRICA				
	Name of school				
	Grade(s) completed				
	Dates attended				
4	FIRST SCHOOL ATTENDED IN SOUTH AFRICA (or upon return to SA, if applicable)				
	Name of school				
	Grade entered				
	Entry date				
5	CURRENT SCHOOL / INSTITUTION				
	Entry date				
6	REPLACEMENT SUBJECT				
7	SUPPORTING DOCUMENTS ATTACHED				
	Certified copy of passport .		Copy of entry stamp (with the date of entry clearly marked).		Copy valid study permit (if applicable) or parent's work permit .
	Letter from the first school attended in SA (or upon return to SA), verifying this.		Copy of the last school report from the last school attended outside SA.		Affidavit/letter explaining circumstances.
	Other (please specify):				



8	DECLARATION BY PARENT/GUARDIAN		
	I, the parent/guardian of the abovementioned candidate, herewith declare that the information provided on this form, as well as the supporting documents attached, is true and correct.		
	Name and surname		
	Contact number		
	Signature		
9	DETAILS OF THE PERSON AT THE SACAI REGISTERED INSTITUTION WHO COMPLETED AND SUBMITTED THIS FORM		
	Name and surname		
	Position		
	Contact details	Contact number	
		Email address	
Signature			

10	FOR SACAI OFFICE USE ONLY		
	Date received from institution:		
11	DECISION TAKEN BY THE SACAI CONCESSION COMMITTEE		
	Request for immigrant status approved:	YES	NO
	Reason if not approved		
	Additional feedback		
	Signed		
		SACAI	DATE
12	FEEDBACK		
	Sent to:		
	Date:		