



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)**

_____ **(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).

The reasons for my application for exemption are as follows:

The medical history report from the medical practitioner attending to this condition is **attached/ not attached** (please select).

I understand that if the report is not attached, this application cannot be considered.

Signed at _____ on this ____ day of _____ 2020.

Parent/Guardian