

**ASTRO-QUIZ 2023**

**ENROLMENT FORM – SCHOOL DETAILS**

(Please type information)

|  |  |
| --- | --- |
| **Name of school** |   |
| **Contact number** |   |
| **School email address** |   |
| **School District** |   |
| **Province** |   |
| **Name of coordinating Educator** |   |
| **Educator cell number** |   |
| **Educator email address** |   |
|  | **Urban** | **Rural**  | **Township** | **Quintile status of school** |
| **Public** |   |   |   | 1 | 2 | 3 | 4 | 5 |   |
| **Private**  |   |   |   |   |   |   |   |   |
| **Home-School** |   |   |   | **Please tick the appropriate block (√)** |
| **Special School** |   |   |   |
| **Note**: All communication with the school will be with the coordinating educator on email. |
| Please submit your registration form to **astro@saasta.ac.za** by  **31 March 2023** |
| For enquiries please contact the team on via email to **astro@saasta.ac.za** |

**ENTRY IS FREE!**



**2023 ASTRO-QUIZ**

**ROUND 1: 4 May 2023**

**GRADE 7 LEARNER REGISTRATION FORM**

(Please type information)

|  |  |
| --- | --- |
| **School Name:** | **Quintile status of school:** |
| **Province:**  |  **School District:** |
| Note: You may copy and paste this template to make provision for as many learners as you want to enter. |
| **No** | **Surname**  | **First Name(s)** | **Race\*:A /C/ W/ I /O** | **Gender\*:M/F** |
| 1 |   |   |   |   |
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| 18 |   |   |   |   |
| 19 |   |   |   |   |
| 20 |   |   |   |   |

\*Race: A=African; C=Coloured; W=White; I=Indian; O=other. \*Gender: M=Male; F=Female

**Closing Date: 31 March 2023**