SOUTH AFRICAN SOCIAL SECURITY AGENCY

Toll free: +27 0800 60 10 11



Annexure E

Note: Must be completed if children/child are school going Child ID: SASSA Stamp The Principal School Name Region District Physical Address Code Tel Fax Cell Name and Surname of Child / Children Concerned Grade Good Satisfactory Weak Good Weak	PROOF OF	SCHO	OL AT	TENDAN	CE			
Attesting Officer SASSA Stamp The Principal School Name Region District Physical Address Code Tel Name and Surname of Child / Children Concerned Progress School Attendance	Note: Must be completed if children/child are school going							
Attesting Officer SASSA Stamp The Principal School Name Region District Physical Address Code Tel Fax Cell Name and Surname of Child / Children Concerned Progress School Attendance							1	
Attesting Officer SASSA Stamp The Principal School Name Region District Physical Address Code Tel Fax Cell Name and Surname of Child / Children Concerned Progress School Attendance	Child ID:			\neg				
The Principal School Name Region District Physical Address Code Tel Fax Cell Name and Surname of Child / Children Concerned Progress School Attendance								
School Name District Physical Address Code	Attesting Officer SASSA Stamp							
Region District Physical Address Code Tel Fax Cell Name and Surname of Child / Children Concerned Progress School Attendance	The Principal							
Region District Physical Address Code Tel Fax Cell Name and Surname of Child / Children Concerned Progress School Attendance	School Name							
Physical Address Code Tel Fax Cell Name and Surname of Child / Children Concerned Progress School Attendance								
Tel Fax Cell Name and Surname of Child / Children Progress School Attendance Concerned	Region		Distric	t				
Tel Fax Cell Name and Surname of Child / Children Progress School Attendance Concerned	Physical Address							
Tel Fax Cell Name and Surname of Child / Children Progress School Attendance Concerned								
Name and Surname of Child / Children Progress School Attendance Concerned						Code		
Name and Surname of Child / Children Progress School Attendance Concerned					1			
Concerned	Tel			Cell				
Concerned	Name and Surname of Child / Children		T .	Progress		School A	ttendance	
Grade Good Satisfactory Weak Good Weak		0 1	01					
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		1						
School Stamp Principal's Signature	School Stamp			Principal's Signature				