

2025 UNIZULU OPEN DAY CONFIRMATION FORM

NAME OF SCHOOL				
SCHOOL CONTACT DETAILS		PHONE:		
		EMAIL:		
PICK A DATE: 20 May O	R 21 May 2025			
NAME OF TEACHER	¥-a			
CONTACT DETAILS OF	TEACHER			
NUMBER OF LEARNERS TO ATTEND		BOYS	GIRLS	TOTAL
DISTRICT				
Signature of Teacher		Date		
School Principal Name	Sign	nature		Date
	S	SCHOOL STA	MP	

RETURN no later than 13 May 2025 to: DlaminiNT@unizulu.ac.za

University of Zululand

Private Bag X1001, KwaDlangezwa 3886 **T:** 035 902 6000 | **W:** *www.unizulu.ac.za*