



An initiative by

GROWTH-POINT  
PROPERTIES



In collaboration with



Western Cape  
Government  
Education



## MATHS REGISTRATION FORM

### School

School name	
Metro district	
School address	
Telephone number	
Email address	
Principal's name	
Principal's cellphone	

### Growsmart mentor

First name	
Surname	
Email address	
Cellphone	

### Growsmart team members

**Important:** learners who were part of a Growsmart team in any previous year may not compete again this year.

First name	Surname	Grade
1.		
2.		
3.		

Please fax or email this completed form to Corinne Swanepoel  
Email: [corinne@mseed.co.za](mailto:corinne@mseed.co.za) or Fax: 021 880 2086

By no later than 16 March 2018