



Western Cape  
Government

Education

WCGSCHOOLS Wifi-Network

### SCHOOLS LAN PROJECT: STAFF ACCOUNT REQUEST

School | Site Name \_\_\_\_\_

Date: \_\_\_\_\_

Emis No: \_\_\_\_\_

Time period if limited:

From: \_\_\_\_\_

To: \_\_\_\_\_

NAME	SURNAME	POSITION	ID NUMBER

I hereby request that the above mentioned personnel be granted access to the WCGSCHOOLS Wifi-Network.

\_\_\_\_\_  
Name (Principal or Authorised Representative )

\_\_\_\_\_  
Date

SCHOOLS STAMP

\_\_\_\_\_  
Signature

Email: [SchoolsIT.Servicedesk@westerncape.gov.za](mailto:SchoolsIT.Servicedesk@westerncape.gov.za)