



## **SHEKINAH CHRISTIAN SCHOOL**

1 – 20<sup>th</sup> Street, Homevale Extension  
Kimberley 8301  
Tel: (053) – 871 6115  
WhatsApp: 082 520 5883

**POSTAL ADDRESS**  
P.O.Box 1161  
Kimberley 8300

Email: [info@shekinah1982.co.za](mailto:info@shekinah1982.co.za)  
Finance: [finance@shekinah1982.co.za](mailto:finance@shekinah1982.co.za)  
Website: [www.shekinah1982.co.za](http://www.shekinah1982.co.za)

### **BANKING DETAILS**

**THE VILLAGE SCHOOL**  
**ACC:** 6200 4467 149  
**REF:** Application Number

## **FINANCIAL AGREEMENT BETWEEN**

SHEKINAH CHRISTIAN SCHOOL

### **And**

Payee Name & Surname: \_\_\_\_\_

ID Number: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Primary Contact Number: \_\_\_\_\_

Email address: \_\_\_\_\_

In My capacity (*payee*) as \_\_\_\_\_ of, \_\_\_\_\_ (hereafter referred to as the child) agree to the following in favour of Shekinah Christian School:

- I (*the payee*) acknowledge that my monthly tuition fee for this academic year (2024) is \_\_\_\_\_ per month, for 11 months, which makes me liable to settle the full amount of \_\_\_\_\_ (\_\_\_\_\_.00 x 11) on or before the **15<sup>th</sup> of December 2024** including all penalties/outstanding balances if applied due to non-payment.
- I (*the payee*) will pay the compulsory school fees, as stipulated by Shekinah Christian School, on the \_\_\_\_\_ of every calendar month.
- I (*the payee*) understand that a penalty fee of R350.00 will be added per month outstanding, for non-payment towards my account.
- I (*the payee*) remain responsible to pay all outstanding balances in full, even though the above-mentioned child is on holiday, ill or at home due to Covid 19 or for any other reason.
- **If for whatsoever reason, the above-mentioned child is withdrawn from the school, I, the payee person in agreement with Shekinah Christian School, remain responsible to pay the full outstanding tuition fees for this academic year + all penalties and arrear amounts added to my account.**
- No refund of tuition fees and/or registration fees will be made to any parent or payee person who withdraws the above-mentioned child from this institution (Shekinah Christian School)
- No transfer letter or progress report of the above-mentioned child will be issued to any person or organization, unless all outstanding fees are paid in full, this refers to the academic tuition fees for the year, penalties and/or any previous debt.



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- Shekinah Christian School reserves the right to suspend the above-mentioned child if my account is in arrears for more than 30 days.
- I (*the payee*) understand that the school fees are payable monthly in advance.
- I (*the payee*) understand that I remain responsible for the payment of school fees in terms of the South African Children’s Act 38/2005, despite any state of marriage.
- I (*the payee*) understand that I agreed to this contract and can be held liable for legal costs, including any additional fees to take further action to collect any fees that are due.
- I (*the payee*) understand that if my account is in arrears with fees for one calendar month, that the above-mentioned child may be refused entry to the school until all arrears are paid.
- I (*the payee*) understand and agree that my information can be handed over to credit bureau and/or Debt Collectors in case of non-payment of school fees.
- I (*the payee*) agree to inform the office of Shekinah Christian School of any changes in personal information that could occur.
- I (*the payee*) agree that I am financially fit to pay the monthly tuition fees monthly without any uncertainty.
- I (*the payee*) agree to pay all fees at the office of Shekinah Christian School or via EFT to the following bank account provided:
  - ACCOUNT HOLDER: THE VILLAGE SCHOOL
  - ACCOUNT TYPE: Cheque
  - ACCOUNT NUMBER: **6200 4467 149**
  - PAYMENT REFERENCE: \_\_\_\_\_ (Refer to the Learner application reference no.)

I (the payee) \_\_\_\_\_ responsible for the fees of \_\_\_\_\_  
bind myself to this agreement entered with **Shekinah Christian School** by signing this agreement.

- I further disclose that I have not applied to any other institution for enrolment for my child for year 2024.
- By signing this agreement, I confirm that I receive a monthly income to be able to bind myself towards this agreement made between myself (Payee) and Shekinah Christian School.

Payee (Signature) \_\_\_\_\_ Date Signed \_\_\_\_\_

Administrator (Initials & surname) \_\_\_\_\_ Signature \_\_\_\_\_ Date signed \_\_\_\_\_

OFFICE ADMINISTRATOR OF SHEKINAH CHRISTIAN SCHOOL



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## **APPLICATION FORM FOR 2024**

Note: This form must be completed in full, initiated and signed by parent / guardian. Completing this form does not necessarily mean that the learner has been accepted into the school.

NO APPLICATION WILL BE ACCEPTED WITHOUT THE FOLLOWING REQUIRED ATTACHMENTS:

***ID Copies and birth certificates must be certified, not older than 3 months.***

<b>OFFICE USER ONLY - CHECKLIST (Mark with X)</b>			
Payee ID Copy	<input type="checkbox"/>	Parent(s) / Guardian ID Copy	<input type="checkbox"/>
Birth Certificate of the child	<input type="checkbox"/>	Transfer letter (Gr.1-7) <i>If new a new learner</i>	<input type="checkbox"/>
Clinic Card of the child	<input type="checkbox"/>	Previous progress report	<input type="checkbox"/>
		<b>2x Photos of the child</b>	
		Head & Shoulder Photo	<input type="checkbox"/>
		Full Body Photo	<input type="checkbox"/>

**OFFICE USE ONLY.**  
We hereby confirm that the above required documents have been submitted with this application form.

Administrator: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

SASAMS Administrator: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Curriculum manager or Principal hereby confirm that the learner is accepted for Grade \_\_\_\_\_ for the academic year 2024.**

Signed by: \_\_\_\_\_ Confirmed date: \_\_\_\_\_ Signature: \_\_\_\_\_

**Finance Department:** hereby confirm that the financial agreement has been signed for the academic year 2024 and attached with the payee's ID Copy (Certified) By signing this application form.

Finance Supervisor: \_\_\_\_\_ Signature, Signed on this date: \_\_\_\_\_

Application payment reference number: \_\_\_\_\_ *Refer to the financial agreement.*

## **MONTHLY TUITION FEE STRUCTURE**

- |   |                           |
|---|---------------------------|
| ▪ GRADE PRE-R TO R - R700.00 (7:30 – 13:00) | ▪ GRADE 5 TO 6 - R1850.00 |
| ▪ GRADE 1 TO 2 - R1450.00                   | ▪ GRADE 7 - R2050.00      |
| ▪ GRADE 3 TO 4 - R1650.00                   |                           |

Age group for Pre-R (4 turning 5)  
Age group for Grade R (5 turning 6)

**SPECIAL OFFER – R1350.00 PM**  
Breakfast & lunch included, Pre-R & R (Shift: 7:30 – 16:30)



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Grade applied for: \_\_\_\_\_ Highest Grade Passed \_\_\_\_\_ Year When Grade was passed: \_\_\_\_\_

Name & Surname: \_\_\_\_\_ Gender: \_\_\_\_\_

Date Of Birth: \_\_\_\_\_ Race: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Residential address: \_\_\_\_\_

Home Language: \_\_\_\_\_ 2<sup>nd</sup> Language: \_\_\_\_\_ Religion: \_\_\_\_\_

Identification Number: \_\_\_\_\_ Learner is,  Right-handed  Left-Handed

Mode of Transport: \_\_\_\_\_ Deceased Parent(s)  Mother  Father  Both  None

## **SIBLINGS**

Number of other children at this school: \_\_\_\_\_

Name & Surname:	Grade:
Name & Surname:	Grade:
Name & Surname:	Grade:

## **PREVIOUS SCHOOL INFORMATION**

Name of the previous School	
Previous School Address	
Province & Country	

## **LEARNER MEDICAL INFORMATION**

Medical Aid Number		Medical Aid Name	
Medical Aid Main Member		Doctor Name	
Contact Number		Allergies	

Learner's Medical Condition\* \_\_\_\_\_

Special problems requiring Counselling: \_\_\_\_\_

## **PARENT / GUARDIAN INFORMATION**

