

Admin Fee Payment structure:

1st Amount

Date:.....

Ref:.....

2nd Amount

Date:.....

Ref:

3rd Amount.....

Date:.....

Ref:.....

Signature:.....

Shiloh Centre of Learning
YEAR _____



Application for Admission into Grade

GR. _____ For the Year: _____

Date of Application

Learner's Details:

Name: _____

Surname: _____

Date of Birth: _____

Id no: _____

Tel. home: _____

Male/Female: _____

Home Address: _____

Postal Address: _____

Church Affiliation: _____

Pastor's Name _____

Tel: _____

Father's/Guardian Details:

Name: _____

Surname: _____

Date of Birth: _____

Id no: _____

Tel. Home: _____

Cell: _____

Home Address: _____

Postal Address: _____

E-mail address: _____

Church Affiliation: _____

Pastor's Name: _____

Tel: _____

Occupation: _____

Tel no (work) _____

Work Address: _____

Employer's details _____

Marital Status: Married/Single/Divorced/Separated _____

Shiloh Centre of Learning YEAR _____



Mother's/ Guardian Details:

Name: _____ Surname: _____
 Date of Birth: _____ Id no: _____
 Tel. Home: _____ Cell: _____
 Home Address: _____ Postal Address: _____

E-mail address: _____
 Church Affiliation: _____ Pastor's Name & Tel no: _____

 Tel: _____

Occupation: _____ Tel no (work) _____

Work Address: _____ Employer's details _____

Marital Status: Married/Single/Divorced/Separated _____

Siblings' Details:

No. of siblings in family? _____ This learner is, 1st, 2nd, etc. _____
 Siblings at SHILOH? (Names & Grades)

Other relatives at SHILOH ?

Emergency Contact Details: (other than parent)

Name of person _____ Relation to child _____

Tel _____ Cell _____

Shiloh Centre of Learning YEAR _____



Doctor's Details:

Name: _____ Tel no: _____
Medical Scheme: _____ Medical Aid No: _____

Learner's School Record:

Enrolment into grade _____ Last grade passed: _____
Name of Last school attended: _____ Date of Departure: _____

School's Physical Address: _____ School's Postal Address: _____

School's Tel no: _____ Principal: _____

Learner / CEMIS Number: _____
(Displayed on report from previous school)

Learner's Health Record:

Underline the illnesses your child has had:
Measles/ German Measles/ Whooping Cough/ Chicken Pox/Mumps
Other illnesses from which your child suffers or has suffered: eg. (Asthma/epilepsy etc)

Underline illnesses against which child has been immunized:
TUBERCULOSIS (BCG)/ DIPHTHERIA/ WHOOPING COUGH/ TETANUS/ MUMPS/
MEASLES/ GERMAN MEASLES/ POLIOMYELITIS
NB: Learners should have been immunized against ALL the above illnesses before
school attendance. Immunization against POLIOMYELITIS and TUBERCULOSIS
(BCG) is legally COMPULSORY, Written evidence (Stamped Clinic Card) is demanded
when admitting a child to the school for the first time.

State any operations the child has undergone: _____
Is the child on full time medication? Provide details: _____
Does the child suffer from any allergies or experience difficulty with hearing or vision
Please provide details: _____
.....

Has your child ever had a professional assessment w.r.t. Learning difficulties,
occupational therapy, emotional support or psychological support? _____

Shiloh Centre of Learning YEAR _____



(Please provide assessment, if yes)

Do you suspect that your child might require any of the abovementioned facilities? _____

Right-handed ___ or left-handed ___?

Our aim is to provide the best possible education for your child. Is there anything else we need to know to better facilitate the learning process?

Substance Abuse Policy

To create vigilance in our school and maintain an awareness campaign to guard against the scourge of substance abuse or dealing in our school the following procedures will be followed:

The school can at any time undertake random drug testing and no child or staff member may refuse such testing; whichever form of testing is required.

Should any child be under the influence of alcohol, drugs or other narcotic or similar substances on school premises, during school hours, on school field trips or any other school related activity, immediate suspension will take place.

When it is suspected that a learner is interested or using any drugs, a change in behaviour is observed, or any other symptoms are displayed, the following procedures will be followed:

1. Immediate suspension will take place until facts are established.
2. Drug testing will be administered immediately.
3. A visit to a drug rehabilitation centre would be undertaken.
4. Compulsory counseling will be undertaken.
5. Compulsory prayer meeting from 19h00 to 20h00 every Wednesday with parents must be attended.

It is important to note that the learner's behaviour will be recorded on the learner's accumulative record card, and all information will be disclosed and passed on to the next school.

Parents and learners from Grade 2 will sign this policy upon application for enrolment at the Shiloh Centre of Learning.

Father's/Guardian full name & Signature

Mother's/Guardian full name & Signature

 Learner's full name

 Learner's Signature

Shiloh Centre of Learning YEAR _____



Statement of Faith:

Please read our statement of faith and indicate your degree of support:

1. We believe the Bible to be inspired, the only infallible, authoritative, inerrant Word of God (2 Tim. 3:15; 2 Pe.1:21).
2. We believe that there is One God, eternally existent in three Persons, Father, Son, & Holy Spirit. (Gen. 1:1; Mt. 23:19; John 10:30).
3. We believe in the Deity of Jesus Christ (John 10:33), His virgin birth (Is 7:14; Mt. 1:23; Lk. 1:35) His sinless life (Heb. 4:15; 7:26) His miracles (Jn. 2:11) His vicarious and atoning death (1 Cor. 5:3, Eph. 1:7, Heb. 2:9) His resurrection (Jn. 11:25; 1 Cor. 15:4) His ascension to the right Hand of the Father (Mark 16:19) and His personal return in power and Glory (Acts 1:11; Rev. 19:11).
4. We believe in the absolute necessity of regeneration by the Holy Spirit for salvation because of the exceeding sinfulness of human nature and that people are justified on the single ground of faith in the shed blood of Christ and that only by God's Grace and through faith are we saved (Jn. 3:16; Jn 5:24; Ro. 3:23; 5:8-9; Eph. 2:8-10).
5. We believe in the resurrection of both the saved and the lost; they that are saved unto resurrection of life and they that are lost unto the resurrection of damnation (Jn. 5:28).
6. We believe in the spiritual unity of believers in our Lord Jesus Christ (Ro. 8:9; 1 Co.12:12-13; Gal. 3:26-28).
7. We believe in the present ministry of the Holy Spirit by whose indwelling the Christian is able to live a godly life (Ro 8:13 -14; 1 Co 3:16; 6:19-20; Eph 4:30, 5:18).

I fully support the Statement of Faith as written out, without any reservation.

Signature Father/Guardian

Signature Mother/Guardian

Date

Date

Shiloh Centre of Learning YEAR _____



DECLARATION: (To be signed by both parents and legal guardians)

1. I am familiar with the contents of the school prospectus, and the statement of faith and agree that my child abides by the school rules regarding school uniform, appearance, code of conduct and statement of faith.
2. I am aware that the Shiloh Centre of Learning seeks to provide the best education possible for my child. I agree to pay the full amount of compulsory school fees as determined by the Governing Body, and undertake to advise the principal immediately, should there be severe financial circumstances which make it difficult to pay the full school fee.
3. Upon withdrawal of my child, I undertake to give the school written notification of no less than one full calendar school month.
4. I agree that my child should submit to the discipline of the Shiloh Centre of Learning, according to God's Word, and I undertake to support and even administer disciplinary procedures the school might have to take.
5. I understand that educating my child is my responsibility according to God's Word and undertake to partner with the school in all its endeavors to disciple my child in the Ways of the Lord and to fulfill God's calling for his/her life. That can only be possible if the home and schoolwork together, and parents attend all parent orientation, parent meetings and school functions.
6. I hereby bestow admission for pictures to be taken of your child for the Shiloh Newsletter and Shiloh Website.

Father/Legal Guardian

Mother/ Legal Guardian

Date

Date

Shiloh Centre of Learning YEAR _____



SHARED COMMITMENT AGREEMENT

To be submitted at time of interview, after carefully reading through your prospectus and other information in your pack.

Parent(s)/Guardian(s) Names _____

Child(ren) Names _____

Address _____ Phone _____

As a school, we commit to...

- Fulfill our vision and mission.
- Provide a Christ-centered curriculum and school program for your child.
- Provide a safe, nurturing Christian environment for your child.
- Provide consistent communication regarding your child.
- Provide consistent communication regarding the school.
- Provide opportunities for parent involvement.
- Provide consistency in values and discipline.
- Respect your child and your family.
- Offer support to and prayer for your child and your family.
- Use wisely the resources entrusted to the school.

As Parent/Guardian(s), we/I commit to...

- Support the school’s vision and mission.
- Provide a quiet study home environment.
- Maintain open communication via Envelope, Diary, etc.
- Attend pertinent school meetings and events.
- Be appropriately involved in the school according to our/my area of expertise.
- Ensure our/my child’s full co-operation and monitor “I work”.
- Support school values and policies.
- Seek true information and facts and resist believing unsubstantiated rumours.
- Respect school principal, teachers, administrators, and support staff.
- Honour our financial commitment.

COMMITMENT: We/I declare that we/I have read and are fully in agreement with every part of the Prospectus and are willing to support and abide by the policies and expectations. Further, we/I agree to support the Shared Commitments described above.

STATEMENT: please briefly state your reasons for registering your child(ren) at Shiloh Centre of Learning 1.

DATE: _____ **SIGNATURE(S)** _____

Shiloh Centre of Learning YEAR _____



Extra- Curricular Activities and Field Trips:

I hereby give permission for my child _____ to participate under the supervision of the school, in all educational and/or extra-mural activities while he/she remains a learner at the Shiloh Centre of Learning.

- A. I hereby declare that I shall not hold the Shiloh Centre of Learning or its bona fide representatives or the Education Department liable for any damage or injury sustained by my child while he/she is on an educational excursion or participating in an extra-mural activity arranged by the said school.
- B. I also indemnify the said school, Department o bona fide representatives of the Shiloh Centre of Learning against all claims by me or any third parties arising from any cause or action whatsoever arising from the attendance of my child at an excursion or participating in extra- mural activities.
- C. I accept that the Principal and staff will take every reasonable precaution to ensure the safety of my child.

● Parents Signatures:

I _____ (Father's/Guardian's name) Id no _____

(Mother's/Guardian's name _____ Id no _____

parent/ guardian of _____ (child's name) in Gr. ____
I am in full agreement and undertake to adhere to all of the above.

Signed this _____ day of _____, 20____ in Bellville.

Father's Signature

Mother's Signature

Date:

Date:

Shiloh Centre of Learning YEAR _____



School Fee Policy

To administer the finances of the school with excellence, the following are the requirements:

1. Prompt payment of school fees and sundry items, as detailed on your account, is essential for efficient administration of the school and assist in keeping the fees as low as possible.
2. School fees are payable, in advance, before the **5th day** of each month. Monthly statements are sent home before the last day of each month.
3. The annual charge for school fees is spread over 11 month payments (**January until November**) for your convenience, therefore you are required to pay promptly over the holiday periods as well, **no later than the 1th** of each month. The school does not take responsibility for money sent to school with the learners until a receipt has been issued. The communication envelope should be used for this purpose, and money sent to school should be entered on the designated form on the envelope. **School fee payment is by debit order only for both administration and security reasons.**
Please note if Cash payment or EFT is made, a 1% should be added to the amount.
4. After the **3rd** of each month a letter will be sent out to remind you of outstanding amounts.
5. If you wish to remove your child from the school, please note that ONE FULL CALENDAR MONTH'S WRITTEN NOTICE IS REQUIRED. THE MONTH MUST FALL WITHIN THE SCHOOL TERM. You will be responsible for payment of school fees for this period even if child leaves before the notice period is up. School records will not be forwarded to the new school until payment of all outstanding accounts are finalised.
6. **A non-refundable Administration Fee of R 1 500.00 per learner is payable when handing in your application. The non-refundable administration fee is compulsory.**
7. Any unpaid debit orders or cheques will be for your account to cover any costs incurred by the school.
8. In the event of non-adherence to the above arrangement, please note that you will be listed with the credit bureau. Your account will be handed over to the debt collectors.
9. When you sign up at Shiloh for the academic year, you owe the school the annual school fees, payable over 11 months. Note that **March, June and September** months are **NOT** excluded from your payments. All amounts owed must be fully paid up at the end of November of the signed academic year.
10. **We deeply regret that should you default with your payment, as stipulated in paragraph 1 above, your child will not be permitted at this school any longer, as it is unreasonable to expect the school and paying parents to carry the burden of outstanding debts.**
11. The enrolment process may include an affordability and credit survey at the school's discretion.

 Father's Full Name & Signature

 Mother's Full Name & Signature

Date:

Date:

Phone:

Principal: (021) 951 1956

Email: principal@shilohcentre.co.za

Website:

www.shilohcentre.co.za

Accounts: Natasha Phillips

021 224 0106 – accounts@shilohcentre.co.za

School Admission Administrator: Michelle Wiener

admin@shilohcentre.co.za

Income and Expenses Sheet YEAR _____

Shiloh Centre of Learning



Income and Expenses Sheet

Co-applicant [1] Co-applicant [2]

INCOME

Basic Salary/Pension		
Investment dividends		
Overtime		
Bonus		
Car allowance		
Cell allowance		
Housing subsidy		
Rental income [specify]		
Total Income		

Less Standard monthly deductions [on pay-slip]

Tax		
UIF		
Pension		
Medical Aid		
Other [specify]		
Total Expenses		

Less Monthly Expenses [Fixed]

Bond Instalment 1		
Bond Instalment 2		
Rental income [specify]		
Personal Loans		
Credit Facilities		
Debit Order		
Car Installment		
Telephone fixed line		
Cell Phone		
School Fees		
Other [specify]		

Less Monthly Expenses [Variable]

Groceries		
Municipal Accounts		
Transport [repairs/petrol/bus/rail/taxi]		
Insurance		
Funeral Policy		
Other [specify]		
Total Expenses		

Shiloh Centre of Learning YEAR _____



School Fee Policy

Bank Details:

Account Holder: Shiloh Centre of Learning

Bank: ABSA

Branch Code: 630 510

Account Number: 405 428 8947

Please note:

Your child's name and surname must always be quoted as a reference for the accounting department.

Parents Signatures:

Father:

I _____ (Father's name) id no _____
parent/ guardian of _____ (child's name) in Gr. ____
am in full agreement with this school fee and admission's policies and undertake to
adhere to and fulfil all the conditions.

Signed this _____ day of _____, 20__ in Bellville.

Father's signature

Date

Mother:

I _____ (Mother's name) id no _____
parent/ guardian of _____ (child's name) in Gr. ____
am in full agreement with this school fee and admission's policies and undertake to
adhere to and fulfil all the conditions.

Signed this _____ day of _____, 20__ in Bellville.

Mother's signature

Date

Shiloh Centre of Learning YEAR _____



Debit Order Instruction

From: (Name of Debtor) _____
 (Address) _____

 (Date) _____

To: _____
 Dear Sirs My agreement dated _____

The details of my/our bank account are as follows:

BANK _____ BRANCH NAME AND TOWN _____
 Branch Number/Code _____ Account Number _____

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I/We hereby request "instruct" and authorize you to draw against my/our account with the above mentioned bank (or any other bank or branch to which I/We may transfer my /our account) the sum of R _____ (and amount in words), on the _____ Day of each month commencing on _____ and continuing (as the case may be). All such withdrawals from my/our bank account by you shall be treated as though they had been signed by me/us personally.

I/We understand that the withdrawals hereby authorized will be processed by computer through a system know as the ACB Magnetic Tape Service, and I also understand that the details of each withdrawal will be printed on my bank statement or on an accompanying voucher.

I/We agree to pay any bank charges relating to this debt order instruction.

This authority may be cancelled by me/us by giving you thirty days notice in writing, sent by prepaid registered post. I/we understand that I/we shall not be entitled to any refund of amount which you have withdrawn while this authority was in force if such amounts were legally owing to you. Receipt of this instruction by you shall be regarded as receipt thereof by my/our bank (whichever it is or will be).

Assignment:

I/We acknowledge that the party hereby authorized to affect the drawing(s) against my/our account may not cede or assign any of its rights to any third party without my/our prior written consent. I/ We may not delegate any of my/our obligations in terms of this contract authority to any third party without prior written consent of the authorized party.

Signed at _____ on the _____ day of _____ 20____.

 Father 's Full Name & Signature

 Mother's Full Name &Signature

Note:

A bank statement for this account should be attached for bank identification



Shiloh Centre of Learning YEAR _____

Please bring with completed admission form

1. Birth Certificate of learner
2. Visa or permit for Foreign learners and parents
3. Copies of ID's of both parents
4. Latest Payslip (as proof of income)
5. 2month bank statement
6. Proof of address
7. Clinic Card for Grade R – 2 learners
8. Report from previous school
9. Completed Evaluation form from previous school
10. Transfer letter from previous school

Admission Administrator: Mrs. Michelle Wiener - 021 951 1956

Accounts Administrator: Mrs. Natasha Phillips - 021 224 0106

Head of Finance: Mr D Brevis – 021 224 0106

admin@shilohcentre.co.za or accounts@shilohcentre.co.za or info@shilohcentre.co.za

NON-REFUNDABLE ADMINISTRATION FEE - R 1 500.00 (once off) – applicable for all 1st time enrolments
SCHOOL FEES:

Closing date for new applications is **last day of October of every year.**

Please contact the admin office for the school fee structure.
021 951 1956

School Uniform

Request order form from the Admin office

Monday to Friday:

All staff members 7h30 to 7h50

Prayer & Devotion for teachers and staff members

Extra murals

Tuesday: Action Ball Sports

Gr. R-3

no extra cost

Thursday: Dance & Drama

Gr. R – 6

Thursday: Ballet (optional)

R 120 – from Gr. R to Gr. 1 (optional) & R 100 – from Gr.2 & up

(optional)

Thursday: Ballet/Contemporary Dance

R 120 – Gr. 4 & up (optional)

Monday to Thursday:

Grade R

7h50– 13h00

Class Activities

Grade 1-2

7h50– 13h00

Class Activities

Grade 3

7h50 – 13h00

Class Activities

Grade 4-12

7h50– 15h05

Class Activities

Friday:

Grade R-12

7h50–13h00

Class Activities

After Care

Grade R-12

13h00–18h00

Recovery Class

relevant teacher

15h05– 17h00

Day will be communicated by

Monday - Staff Development

15h10–17h00

Wednesday

**SHILOH ADMISSION FORM
FOR OFFICE USE ONLY**



YEAR _____

1.	Enrolment Fee paid Date:		R
2.	New Enrolment register		
3.	New Parent Interview - Date:		
4.	Cemis Number		
5.	SMS system		
6.	Email System		
7.	Class List		
8.	SAGE Net Cash		
9.	Pastel		
10.	EFT		

Receipt of the following documents

1.	Birth Certificate of learner	8.	Report from previous school
2.	Visa or permit for Foreign learners	9.	Transfer letter from previous school
3.	Copies of ID's of both parents	10.	Completed Evaluation form from previous school
4.	Latest Pay slip (as proof of income)		
5.	2month bank statement		
6.	Proof of address		
7.	Clinic Card for Grades R-2 learners		

Name of Learner: _____ Grade _____

Comments:
