Office Use Only - Admin Fee Payment structure:
1st Amount …….
Date:……..
Ref:……
2nd Amount ……..
Date:……..
Ref: ……
3rd Amount…….
Date:……..
Ref:…….
Signature:……

Shiloh Centre of Learning
2027

Primary School Application for Admission into 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 2027

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 2027

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)/ DIPTHERIA/ 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 2027

(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

In order 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 the facts are established.
2. Compulsory meetings with parents and school management must be undertaken.
3. Drug testing may be administered immediately.
4. A visit to a drug rehabilitation centre would be undertaken.
5. Compulsory counseling must be undertaken.

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 2027

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 2027

DECLARATION: (To be signed by both parents or 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 school work together, and parents attend all parent orientation, parent meetings and school functions.
6. **I hereby grant admission for pictures and videos to be taken of my child for all Shiloh Social Media platforms in line with the POPI ACT. Yes ☐ No ☐**

_____ _____

Father/Legal Guardian Mother/ Legal Guardian

_____ _____

Date Date

Shiloh Centre of Learning 2027

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, WhatsApp 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.

How did you find out about Shiloh: _____

STATEMENT: please briefly state your reasons for registering your child(ren) at Shiloh Centre of Learning1.

_____
_____
_____

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

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 the above.

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

_____ _____

Father's Signature **Mother's Signature**

Date: ..... **Date: .....**

Shiloh Centre of Learning 2027

(AN ASSOCIATION INCORPORATED UNDER SECTION 21 OF ACT NO 61 OF 1973)

The Parent is desirous of having the learner admitted to the Shiloh Centre of Learning.

The Pupil has been provisionally admitted to the Shiloh Centre of Learning, pending the signing of this contract, with effect from _____; and

The parties are desirous of recording the terms and conditions on which the Pupil will be educated and trained by the Shiloh Centre of Learning.

THE PARTIES AGREE AS FOLLOWS:

ADMINISTRATION FEES

A non-refundable Administration Fee of R1 500.00 per learner is payable when handing in your application. The non-refundable administration fee is compulsory.

1. SCHOOL FEES

1.1. The annual fee of R30 000,00, due to the school for providing education to the Pupil, shall be divided equally and paid by the Parent in twelve (12) monthly amounts of R2 500,00, for the period from January up to December. When registering at Shiloh for the academic year, you commit to paying the annual school fees, which are payable over 12 monthly instalments. Please note that payments are due every month, including March, June and September. No exceptions or exclusions apply to these months**.**

School fee payment is by electronic funds transfer (EFT) for both administration and security purposes.

1.1.1 **SELF-EMPLOYED PARENTS**

Important Notice: School Fee Payment Structure for Self-Employed Parents ONLY

As we continue to work together to provide quality education for your children, we would like to inform you of the school fee payment structure for self-employed parents:
The following payment options are available: TICK IN BOX TO SELECT OPTION

- Full yearly payment paid up front during the month of January will receive 5% discount. ☐
- **Or** First 6 months paid up front and next 6 months paid mid-year until end of year (2 payments)- no discount applicable. ☐
- **Or** first 3 months paid up front and every 3 months thereafter until end of year – (4 payments) – no discount applicable. ☐

Please note that these payment terms are applicable to self-employed parents only. If you have any questions, please contact the Finance department.

After the 1st of each month a notification will be sent out to remind you of outstanding amounts.

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 the 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.

1.2. The monthly amounts must be paid on or before the last day of every month by the Parent to the School, the last payment for the year will be on the 15th of December.

1.3. There shall be no entitlement to any rebate of fees if the Pupil is absent for any portion of a term owing to illness or any other cause.

2. In the event of the Parent failing to pay the school fees on the due date thereof, a Late Payment Administration Fee of R100, compounded monthly, will be payable on Fees which are in arrears, until date of payment of the full outstanding amount.

3. The Board of Directors of the School reserves the right to amend the school fees referred to in paragraph 1.1 above with reasonable notice. It is acknowledged that whilst the rest of the provisions will remain in force, the school fees are subject to annual adjustment as determined by the board of directors, to meet the operational and strategic needs of Shiloh Centre of Learning.

4. PROCESS FOR OUTSTANDING FEES

4.2. If the fees have not been received by the due date, a WhatsApp will be sent to the contact details on record as a reminder.

4.3. In the event of the Parent failing to pay and the account being 30 days in arrears, a letter will be sent to the contact email address or WhatsApp on record.

4.4. In the event of the Parent failing to pay despite the reminders as set out in 4.1 and 4.2, and the account falling 45 (forty-five) days in arrears, notification will be sent to the Parent of intent to suspend the Pupil due to unpaid fees.

4.5. The Parent will have 7 days (1 week) from the date of communication in 4.3 to catch up on all arrear amounts.

4.6. Should payment not be received within the 7-day extension, the Pupil will be suspended from attending school, outings and school extra murals, until such time as payment is made and the full outstanding amount reflects in the school bank account.

4.7. In the event of the Parent still failing to pay and the account reaches 60 (sixty) days in arrears, the agreement between the Parent and the School will automatically be terminated. Notice will be sent to your email address via registered email, and you will be responsible for enrolling your child in a different school.

4.8. Once the contract between the parent and School has been terminated, the school will inform the district Department of Education.

4.9. Please note that pupil records handed over to the Parent or other school will reflect any outstanding fees and payment history.

4.10. In the event of this Agreement resulting in termination, legal action will become necessary to procure payment if the Parent negates on the payment plan.

4.11. The Parent hereby acknowledges that in addition to interest the school will be entitled to recover from them, should they fail to make payment of any amount on or before the due date, default administration costs and collection costs, as contemplated in the National Credit Act (NCA), including legal costs on the Van Heerden & Partners and client scale, and collection commission to the extent permitted by the NCA.

4.12. The Parent understands that the account will be handed over to a collection agency which will result in immediate listing with the National Credit bureau.

4.13. The Parent acknowledge that, in the event of default, nothing herein shall in any manner limit or detract from the power of the School to terminate the education services to the pupil, nor shall the termination of such educational services in any manner limit, detract from or prejudice the right of the School to recover all amounts owing to the School, together with interest, default administration costs, collection and other costs as aforesaid. The Parent acknowledges that no failure or delay on the part of the school in exercising any right, power or privilege contemplated in this clause or elsewhere will operate as a waiver, nor will any single or partial exercise by the school of any right, power or privilege preclude any other or further exercise thereof or the exercise of any other right, power or privilege.

4.14. The Parent hereby agrees in terms of Section 45 of the Magistrates' Courts Act No 32 of 1944 that the school shall, in its option, be entitled to institute any legal proceedings for the recovery of any monies owing by them to the School in any Magistrate's Court having jurisdiction in respect of such proceedings in terms of Section 28 of that Act.

Father/Guardian 1 details	Mother/Guardian 2 details
Residential address (attach proof):	Residential address (attach proof):
Postal address:	Postal address:
Email address:	Email address:
Cell number:	Cell number:

SIGNED BY THE PARENT AT _____ ON THE _____ DAY OF

_____ 2 _____ IN THE PRESENCE OF THE

UNDERSIGNED WITNESS:

_____ _____

(MOTHER / GUARDIAN SIGN) (ID/Passport NUMBER)

_____ _____

(FATHER / GUARDIAN SIGN) (ID/Passport NUMBER)

_____

(WITNESS) Full names &
Signature)

SIGNED BY THE SCHOOL AT _____ ON THE _____ DAY OF

_____ 2 _____ IN THE PRESENCE OF THE

UNDERSIGNED WITNESS:

_____ PRINCIPAL OF

THE SCHOOL (DULY AUTHORISED THERETO)

_____

AS WITNESS (Full names & signature)

! THIS FORM IS COMPULSORY TO COMPLETE!

Shiloh Centre of Learning

Income and Expenses Sheet

	Co-applicant [1]	Co-applicant [2]
	INCOME	
Basic Salaray/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 2027

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 be quoted at all times 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

(Please read the fine print)

Shiloh Centre of Learning - 2027

Please bring with completed admission form (PLEASE ENSURE THAT DOCUMENTS ARE PROVIDED IN PDF FORMAT)

1. **Birth Certificate of learner**
2. **Visa or permit for foreign learners and parents.**
3. **Copies of IDs of both parents**
4. **Latest Payslip (as proof of income)** ***Self-employed parents please note 1.1.1 of School fee policy**
5. **3-month 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**

021 951 1956 – Admission Administrator: Mrs. Michelle Wiener - Finance Team Mrs. Alicia Snell; Mrs. Natasha Phillips; Marketing: Mr. Denver Brevis
admin@shilohcentre.co.za ; accounts@shilohcentre.co.za ; info@shilohcentre.co.za; finance@shilohcentre.co.za

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

SCHOOL FEES: 2027

Grade 8 – Grade 12 – R**30 000 per Annum**
Parents please sign. →

DATE: _____

PARENT SIGNATURE: _____

R 2 500 per month for 12 months, starting January 2027 until December 2027 – Please note that this is a contract between parents and the school. Please discuss terms and conditions with the Finance department should you prefer a shorter payment period, as that will influence your monthly fee.

1st CHILD	FULL PRICE
2ND up to 6th CHILD	- 10 %

AFTER CARE:

R 550, 00 P.M until 6:00PM
GRADES: RR, R, 1, 2 AND 3 – dismiss at 1pm
GRADES: 4 – 12 dismiss at 2:45pm

PLEASE CONTACT MS LYNDIN LUCAS, THE AFTERCARE CUSTODIAN FOR FURTHER INFORMATION – 063 101 9886

- **Every learner must report to the Aftercare teacher on duty to be registered for control and safety purposes.**
- **R50 aftercare fee will be liable for every 30 minutes collection after 6:00pm Mondays to Thursdays and after 5:00pm on Fridays.**
- **Please collect your child or children in 30 minutes after school dismissal time, to avoid aftercare fees.**
- **Aftercare fees will automatically be allocated to the learner/parents, in case the child/ children are still on the school premises after 3:15pm. (30 minute allocation timeslot)**

The closing date for new applications is **the last day of October of every year.**

School Uniform

Please find enclosed with the application or request order form or request one 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. RR-3** **no extra cost**
Thursday: **Dance & Drama** **Gr. RR – 6**
Monday to Thursday:
Grade RR, 1,2 AND 3 **7h50— 13h00** **Class Activities**
Grade 4-12 **7h50— 14h45** **Class Activities**
Friday:
Grade RR-3 **7h50—13h00** **Class Activities**
Grade 4-12 **7h50 – 13h00** **Class Activities**
After Care
Grade RR-12 **13h30 and 14:45—18h00**
Recovery Class (Detention) **14h45— 17h00** **Day will be communicated by teacher**
Monday - Staff Development **03h00—16h30** **Fortnightly on a Wednesday**

SHILOH ADMISSION FORM
FOR OFFICE USE ONLY

2027

1.	Enrolment Fee paid - Date: ……		R
2.	New Enrolment register		
3.	New Parent Interview - Date: ……		
4.	Cemis Number		
5.	Whatsapp group		
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 IDs 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:

_____