

Financial Policy for Oasis Christian School – High School

Oasis Christian School (Learning Centre) is run on corporate governance principles which include strict financial controls.

1. PAYMENT OF FEES

1.1. All fees are payable in advance monthly, for 12 months of the year, including holiday months.

- A full calendar months' notice in writing is required if a child is leaving the school during the course of the academic year up until September – alternatively Parents/Guardians will be billed for that month. Enrollment is for a full calendar year and by signing this document you committing to this full year.
- **If a child is leaving the school at the end of an academic year, written notice must be given by 1st October in order to facilitate timeous transfer procedures.**
- Invoices and statements are sent out for the following month not later than the 27th, or by the last day of term before a holiday.
- Full payment of all fees is required by the 2nd of the month.
- **NB!! The initial person/s signing the enrolment and financial agreement will remain responsible for account payments and may not transfer responsibilities to any 3rd party.**

1.2. LATE PAYMENT OF FEES?

- Late payment of fees is unacceptable!
- There is a window period for payment until the 5th of the month.
- If the account is not up to date by the 5th of the month the Parents/Guardians will be notified by telephone/letter/email/sms that immediate settlement is required.
- If the account is still not up to date by the 7th of the month, the Parents/Guardians will be deemed to be in breach of contract which could result in the child being **automatically suspended from receiving school services with immediate effect** until the Parents/Guardians have settled in full and have furnished proof of such payment to the school office.
- If by the end of the month (30 days account) and the full account is not settled the child will be de-registered and the account will be handed over for collection. 9% interest on arrears will be instituted.
- Should the account be handed over for collection the Parents/Guardians will then become liable for the additional legal and administrative costs added by the debt collection agency.
- If the child is de-registered he/she will not be permitted to return to the school unless he/she is re-registered and the full registration fee is paid again. The school reserves the right to refuse an application for re-registration.

1.3. ACCOUNT QUERIES

- If the Parents/Guardians wish to query the account, regular payments should still be made pending outcome.
- Contact our Bookkeeper via email at finance@theoasiscs.co.za.

1.4. ANNUAL PAYMENT DISCOUNTS

- The school will be prepared to offer an 8% discount on tuition fees if full annual fees for tuition are paid upfront. A quotation with 2025 fees will be sent on request to qualify for the discount if paid in full by 31 December 2024. Please remember that any other expenses that may be invoiced during the year (e.g., Honor Roll, sports events etc.) must be paid by no later than the 2nd of the month.
- PLEASE CONTACT THE OFFICE FOR A DETAILED QUOTE BY 20th NOVEMBER 2024 SHOULD YOU WISH TO MAKE USE OF THE ANNUAL PAYMENT OPTION.

2. DIAGNOSTIC TESTING FEES

- Diagnostic tests for new learners grades 7-12 will be charged at a cost of R500. This usually takes two to three full days and will be scheduled after the initial interview. **The fee is not refundable, and testing does not guarantee the child acceptance for enrollment.**

_____ (Initial)

3. REGISTRATION FEES (New Students Only)

- Registration fee:
R3150 (1st child), R2100 (2nd child) and R1050 (3rd and subsequent children)
- No stationary will be ordered until the Registration fee has been paid in full.

4. TUITION FEES FOR GRADES 7 to 12

1 st Child per month for 12 months	R3100
2 nd Child per month for 12 months	R2680
3 rd Child (and subsequent) per month for 12 months	R2470
<i>*PLEASE NOTE: All fees listed exclude extra stationary, textbooks, workbooks and exams</i>	

5. AFTERCARE FEES

Please contact us for information regarding aftercare.

6. LATE COLLECTIONS

- **Children must be fetched no later than 30minutes after school closes. This is to ensure you child's safety.**
- Children not fetched ½ hour after the last class (13:30 Mondays – Fridays) will be taken to Aftercare until the Parents/Guardians arrive. The Parents/Guardians will be billed for a casual Aftercare day on the next statement.

7. MONTHLY CHARGES

- A monthly charge will be levied for other learner support materials used and any extracurricular activities.

8. INFORMATION ON PAYMENTS

- Monthly payments are due, in advance, **January to December** inclusive, and may be paid electronically.
Cash payments may also be made at the school office or directly into school bank account.
- The onus is on the parents/guardians to ensure that the school is furnished with proof as to which child's fees have been paid.
Where direct deposits or EFT payments are made into the school's bank account the child's account number should be put as the reference.
- For a new child who has not yet been allocated an account number, please use his/her full name until such time as the account number has been allocated.
- **The schools' banking details are:**
Bank : FNB
Branch: Woodbridge
Acc Name: Theologos
Acc Nr: 62596210113
Ref Nr: Student initials and surname / Student Nr

If you have any queries, please don't hesitate to contact our offices at 010 140 1090

_____ (Initial)

Acceptance of Financial Policy

We / I, _____, have read the Financial Policy.

We / I accept the requirement to pay all school fees timeously as specified in this agreement of enrolment.

FATHER'S/GUARDIAN'S SIGNATURE: _____

DATE: _____

IDENTITY NUMBER: _____

MOTHER'S/GUARDIAN'S SIGNATURE: _____

DATE: _____

IDENTITY NUMBER: _____

NB!! NAME OF PERSON RESPONSIBLE FOR PAYING THIS ACCOUNT: _____

(No third parties allowed)

PERMANENT RESIDENTIAL ADDRESS OF PERSON WHO IS RESPONSIBLE FOR PAYING THE ACCOUNT:

EMAIL ADDRESS OF PERSON RESPONSIBLE FOR PAYING THIS ACCOUNT:

NAME OF PERSON NOT LIVING AT THE SAME ADDRESS: _____

RELATIONSHIP TO YOURSELF: _____

CONTACT NO: _____

ADDRESS: _____

_____ (Initial)

Agreements of Enrollment:

Parents' Commitment to Oasis Christian School

- I have read the Policy of Oasis Christian School and wholeheartedly agree for my child to submit to the policies and rules, and to respect the authority figures of the school.
- I agree to give 1 months' notice, in writing, should my child leave the school during the course of the academic year, and I understand that I will be billed for 1 month's tuition should I fail to give said notice.
- I agree to notify the school in writing by no later than the 1st of October should my child not be returning to school for the following academic year (excludes students who are graduating).
- I realise that there might be occasions when children take issue with certain actions of the staff, and they are prone to repeat statements out of context. I agree to support and trust the school staff and call in for full details at any time I have a question concerning an incident.
- I acknowledge that a good relationship with my child's teacher is very important in the training of my child and is as much my responsibility as it is the school's.
- I agree to make sure that my child comes to school on time and is fetched at the right time.
- I agree to support the staff, pray for them and co-operate with the rules and discipline. I recognize the importance of attending school functions and seeing that my child's appearance and behavior give good publicity and set a good example.
- I agree to complete Parent Orientation training.
- I understand that re-enrolment takes place on a year-by-year basis and is dependent on satisfactory progress and my cooperation with the school in matters of academics, spiritual attitude, discipline and payment of fees.
- I will endeavour to participate in activities to support the school where my talents and experience are appropriate.
- **I acknowledge with my signature below that I am contractually obligated to adhere to the above requirements and understand that if these, or the financial policy, are not strictly adhered to, I would be in breach of contract and that appropriate action may be taken by the management of the school.**

○ FATHER'S/GUARDIAN'S SIGNATURE: _____ DATE: _____

○ MOTHER'S/GUARDIAN'S SIGNATURE: _____ DATE: _____

_____ (Initial)

Indemnity

I, _____

parent/guardian of _____

- hereby consent that he/she may attend any outings or functions arranged by Oasis Christian School (Learning Centre), as well as to make use of educational and play equipment at the school.
- I fully understand and accept that all tours and excursions, sports events and school activities shall be taken at my child's own risk and I undertake on behalf of myself, my executors, my spouse, and my child aforesaid, to indemnify, hold harmless and absolve the School Board, Senior Administrator, the Principal, School Director and all permanent staff, paid and unpaid temporary assistants against and from any and/or all claims whatsoever that may arise in connection with any loss of or damage to property or injury to the person of my child aforesaid in the course of any such tour or excursion, or school activity, in the knowledge that the Principal, School Director and staff, paid and unpaid temporary assistants, will, nevertheless, take all reasonable precautions for the safety and welfare of my child.
- I acknowledge that I have read and understood the contents of the above indemnity.

FATHER'S/GUARDIAN'S SIGNATURE: _____ DATE: _____

MOTHER'S/GUARDIAN'S SIGNATURE: _____ DATE: _____

_____ (Initial)

Medical Attention

CHILD'S FULL NAME: _____

May we give your child paracetamol (Panado) when running a slight temperature? _____ (yes / no)

In the event that your child may require medical attention or first aid we need to be able to contact you and, especially if you are not available, to act in accordance with your wishes.

Please complete this form in full:

- Name and Tel. no. of Private GP _____
- My child has the following illnesses/allergies that may affect his/her treatment:

- Has your child been diagnosed with ADD or ADHD? _____ or any other learning difficulty? Has your child been diagnosed with a behavioural disorder (e.g.; Bi-polar Disorder) If yes, explain what course of action is being followed:

- Please list any chronic medication your child is taking: _____
- I hereby give consent for the staff of Oasis Christian School (Learning Centre) to request the professional assistance of local medical staff should this be deemed necessary
- **My Medical insurance details are as follows (if applicable):**
Main Member's Name and ID number:

Name of Medical Aid Fund:

Medical Aid number: _____ Tel. No. at Medical Aid: _____
Type of cover. e.g., hospital/fully comprehensive: _____
If you have no medical insurance please indicate this _____
- My contact details during school hours are as follows:
Father's Name: _____
Phone no (w): _____ Cell: _____
Mother's Name: _____
Phone no (w): _____ Cell: _____
If neither parents are available, please phone:
Name: _____ (Please state relationship to child) _____
Phone no (w): _____ Cell: _____
I accept responsibility for any expenses that may be incurred.
- **PLEASE ATTACH A COPY OF MEDICAL AID CARD, AS WELL AS A COPY OF EACH PARENTS/GUARDIANS IDENTITY DOCUMENT**

FATHER'S SIGNATURE

DATE: _____

MOTHER'S SIGNATURE

DATE: _____

_____ (Initial)