Oasis Christian School NPC School Reg Nr 2020/196803/08

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Financial Policy for Oasis Christian School – Primary School

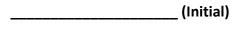
Oasis Christian School (Learning Centre) is run on corporate governance principles which include strict financial controls.

1. PAYMENT OF FEES

- 1.1. All fees are payable <u>in advance</u> monthly, for 12 months of the year, <u>including holiday months.</u>
- 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 <u>all</u> 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 and a reconnection fee of R300 per student will be charged to the account if access needs to be restored due to non-payment.
- If the account is still not up to date by the 7th of the month, the Parents/Guardians will deemed to be in breach of contract which could result in the child being <u>automatically suspended from receiving school</u> <u>services with immediate effect</u> until the Parents/Guardians have settled in full and have furnished proof of such payment to the school office. By being in breach of the contract your system will be disabled and your child will unfortunately not have any access to their profile on SwitchedOn until the error is rectified.





- If by the end of the month (30 days account) and the full account is not settled the child will be deregistered 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 reregistered and the full registration fee is paid again. The school reserves the right to refuse an application for re-registration.
- Proof of payment of full amount in arrears with the reconnection fee is required restore access to schooling services. If you have already made the payment and it has not yet been processed, kindly forward us the proof of payment so we can assist in following up and restoring access as soon as possible.

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 2026 fees will be sent on request to qualify for the discount if paid in full by 31 December 2025. Please remember that any other expenses that may be invoiced during the year (e.g., Honour Roll, sports events etc.) <u>must</u> be paid by no later than the <u>2nd</u> of the month.
- PLEASE CONTACT THE OFFICE FOR A DETAILED QUOTE BY 20th NOVEMBER 2025 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.

3. REGISTRATION FEES (New Students Only)

Registration fee:
 R3150 (1st child), R2100 (2nd child) and R1050 (3rd and subsequent children)

4. TUITION FEES FOR GRADES 4 to 7

| 1 st Child per month for 12 months | R3000 | |
|--|-------|--|
| 2 nd Child per month for 12 months | R2700 | |
| 3 rd Child (and subsequent) per month for 12 months | R2500 | |
| *DLEASE NOTE: All foos listed exclude extra stationary toythooks | | |

*PLEASE NOTE: All fees listed exclude extra stationary, textbooks, workbooks, exams and excursions

_____ (Initial)



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, <u>in advance</u>, **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 gueries, please don't hesitate to contact our offices at 010 140 1090



| (Initial) |
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|-----------|

Acceptance of Financial Policy

| We / I, | , have read the Financial Policy. |
|---|--|
| We / I accept the requirement to pay all school fees time | ously 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 A | CCOUNT: |
| (No third | parties allowed) |
| PERMANENT RESIDENTIAL ADDRESS OF PERSON WHO IS | RESPONSIBLE FOR PAYING THE ACCOUNT: |
| EMAIL ADDRESS OF PERSON RESPONSIBLE FOR PAYING TI | |
| 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

- o 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 academic year,
 and I understand that I will be billed for 1 month's tuition should I fail to give said notice.
- o 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 realize 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.
- o 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.
- o 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 endeavor 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: | |



Indemnity

| , parent/guardian of | |
|---|---|
| hereby consent that he/she may attend any outings or funct (Learning Centre), as well as to make use of educational and I fully understand and accept that all tours and excursions, so taken at my child's own risk and I undertake on behalf of my aforesaid, to indemnify, hold harmless and absolve the School Director and all permanent staff, paid and unpaid ten and/or all claims whatsoever that may arise in connection w injury to the person of my child aforesaid in the course of an the knowledge that the Principal, School Director and staff, provertheless, take all reasonable precautions for the safety and I acknowledge that I have read and understood the contents | play equipment at the school. ports events and school activities shall be vself, my executors, my spouse, and my child sol Board, Senior Administrator, the Principal, imporary assistants against and from any with any loss of or damage to property or my such tour or excursion, or school activity, in paid and unpaid temporary assistants, will, and welfare of my child. |
| | |
| ATHER'S/GUARDIAN'S SIGNATURE: | DATE: |
| MOTHER'S/GUARDIAN'S SIGNATURE: | DATE: |
| | |
| | |
| | |
| | (Initial |



Medical Attention

| CHILD'S FULL NAME: | | | | | |
|--------------------|---|--|--|--|--|
| May | May we give your child paracetamol (eg. 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, | | | | |
| In th | | | | | |
| espe | ecially if you are not available, to act in accordance with your wishes. | | | | |
| Plea | ase 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): | | | | |
| Mai | n Member's Name and ID number: | | | | |
| Nan | ne 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 | s are as follows: |
|---------|---|---|
| Fath | er's Name: | |
| Phoi | ne no (w): | Cell: |
| Moth | ner's Name: | |
| Phon | ne no (w): | Cell: |
| If nei | ither parents are available, please phone | |
| Nam | e: | (Please state relationship to child) |
| Phon | ne no (w): | Cell: |
| I acce | ept responsibility for any expenses that n | nay be incurred. |
| • | PLEASE ATTACH A COPY OF MEDICAL IDENTITY DOCUMENT | AID CARD, AS WELL AS A COPY OF EACH PARENTS/GUARDIANS |
| FATH | HER'S SIGNATURE | DATE: |
| MOT | HER'S SIGNATURE | DATE: |
| | | |

