

**To the Head of the Club activities**  
**LLP "Shokan Walikhanov Private School"**  
**Bozymbayeva S.B.**

from the Parent/Legal representative

\_\_\_\_\_

IIN \_\_\_\_\_

Mobile: \_\_\_\_\_

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

\_\_\_\_\_

### APPLICATION

Please accept my son/daughter \_\_\_\_\_

\_\_\_\_\_

(Child's full name, date of birth)

student of \_\_\_\_\_ class «\_\_\_\_» LLP "Shokan Walikhanov Private School" (hereinafter - School) for additional classes in club activities for the 2024-2025 academic year for the period from «\_\_\_\_» September 2024 till «\_\_\_\_» \_\_\_\_\_ 202\_\_

№	Name of the activity	Number of hours	Free of charge within 4 hours stipulated by the Agreement on the provision of paid educational services for the 2024-2025 academic year (signature)	<b>Paid more than 4 hours (signature) more than 4 hours per week - 2500 tenge per 1 academic hour (40 min)</b>
1				
2				
3				
4				

\* Agreement for the provision of paid educational services for the 2024-2025 academic year.

I, \_\_\_\_\_,

**by this application:**

- ✓ **I confirm that I have read, accepted and agree with the terms of attendance, payment and schedule of club activities, including fee-based clubs;**
- ✓ **I agree with the cost of fee-based clubs, as approved by the School (posted on the website [www.shokanschool.kz](http://www.shokanschool.kz)), and by this application I give my consent to pay for fee-based clubs and sections and undertake to make timely payments.**
- ✓ **I undertake to ensure that my child attends all of the above-mentioned club activities at the School in full and on time, according to the approved schedule.**

- ✓ I undertake to promptly notify the School of the reasons for the Student's absence from club activities, and in the event of an infectious disease or other ailment/illness of the Student, not to bring the Student to classes, and to notify the Trainer/School of this in advance. I am aware that the Student is strictly prohibited from attending club classes while suffering from infectious or other diseases that pose a health hazard to both the Student and others.
- ✓ I hereby confirm that my child (Student) has NO medical contraindications or chronic diseases that are contraindicated for attending club classes, including sports.
- ✓ I am familiar with the terms of the Offer Agreement for the provision of services for club classes, posted on the website [www.shokanschool.kz](http://www.shokanschool.kz), and I accept the terms of the Agreement.

**Date:** \_\_\_\_\_

**Name / Signature:** \_\_\_\_\_

*(Full name in words)*