

**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 and IIN)

for the Saturday school “**SHOQAN Damytu Mektebi**” on the basis of School-1 **for the period from**  
«\_\_\_\_» \_\_\_\_\_ **202\_\_** till «\_\_\_\_» \_\_\_\_\_ **202\_\_** . (all Saturdays except **28.12.2024,**  
**08.03.2025**), (total of \_\_\_\_\_ lessons, in the subjects: “Logic”, “Understanding the World” and “Smart  
Games”, duration of 1 lesson: 40 minutes, time of lessons: from 10:00 to 13:00, number of children in a  
group: up to 12 students).

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

**by this application:**

- ✓ **I confirm that I have read, accepted and agree with the above terms of attendance, payment and schedule of the Saturday school “SHOQAN Damytu Mektebi”.**
- ✓ **I agree with the cost of attending the Saturday school for 1 (one) child in the amount of 15 000 (fifteen thousand) tenge for 1 (one) lesson and 30 000 (thirty thousand) tenge for consumables, and undertake to make a one-time payment for the entire period of study from the start date according to the application.**
- ✓ **I agree with the terms of the offer agreement for the provision of services of the Saturday school “SHOQAN Damytu Mektebi”, approved by the School (posted on the website [www.shokanschool.kz](http://www.shokanschool.kz)), and by this application I undertake to make timely payment.**
- ✓ **If the child does not enter the 1st grade and does not pass the entrance exams for the 2025-2026 academic year, I will not have any claims against the School.**
- ✓ **I confirm and agree to the condition that the School does not recalculate for missed Saturday school classes for any reason, and does not refund the full / partial cost of tuition at Saturday school.**

- ✓ **I undertake to ensure that my child attends Saturday 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 Saturday school classes, and in the event of an infectious disease or other ailment / illness of the Student, not to bring the Student to classes, and notify the School in advance.**

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

**Full name / Signature:** \_\_\_\_\_

*(Full name in words)*