**To the Head of the Club activities**

**LLP "Shokan Walikhanov Private School"**

**Bozymbayeva S.B.**

from the Parent/Legal representative

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IIN \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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# APPLICATION

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

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(Child's full name and IIN)

for the **Summer School** based at School-1 for the period of  **«\_\_\_\_»** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **2025 till «\_\_\_» \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2025 .** (time of lessons: from 10:00 to 13:00).

I, **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, by this application:**

* **I confirm that I have read, accept, and agree with the above-mentioned conditions regarding attendance, payment, and the schedule of the Summer School.**
* **I agree with the cost of attending the Summer School for one child in the amount of 230,000 (two hundred thirty thousand) tenge and undertake to make a one-time payment for the entire period of study starting from the date indicated in the application.**
* **I agree to the terms of the offer agreement for the provision of Summer School services, as approved by the School (published on the website www.shoqanschool.kz), and by this application I undertake to make timely payments.**
* **I confirm and agree to the condition that the School does not provide any recalculation for missed Summer School classes for any reason, and does not issue full or partial refunds for the Summer School tuition.**
* **I undertake to ensure my child's full and timely attendance at the Summer School in accordance with 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)*