

STUDENT REGISTRATION FORM 2023-2024

| Student Name(s): | Surname: | | | |
|---|-------------------------------|---|--|--|
| Date Of Birth: | Gender: Male Femal | le Nationality/ies: | | |
| ID card/Passport No.: | | Date: | | |
| Select below the class your child is applying to enter: | | | | |
| O Kindergarten 3-4 | ○ Pre-Reception 4-5 ○ Rec | eption 5-6 • Primary Class 1 (age 6-7) | | |
| Select your child's attendar | ice: O Half Day (pick up 13.3 | 30) O Full Day (pick up 16.00 or 17.30) | | |
| Mother's (Primary Guardian's) Name & Occupation: | | | | |
| Home Address: | | | | |
| Email Address: | | | | |
| Phone number: | | | | |
| Father's (Secondary Guardian's) Name & Occupation: | | | | |
| Address (If different from above): | | | | |
| Email Address: | | | | |
| Phone Number: | | | | |
| Emergency contact name & number: | | | | |
| Mother / Primary Guardian S | ignature: | | | |
| Father / Secondary Guardian | Signature | | | |



MEDICAL INFORMATION / LEARNING DIFFERENCES:

| To help us best care for your child, please specify below if your child is using any medication, or has any educationally relevant diagnoses/concerns (eg. ADHD) or health condition (eg. allergies insects/bees/food): |
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| Paediatrician's name & number: |
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| By signing this registration form, I confirm that I have read the School Handbook and I confirm that my child will be attending the full school year as outlined in the School Handbook. Even if my child is absent for any period of time, I confirm that I will still pay the required monthly fees. I confirm that I understand that my child's registration is complete only upon paying the required deposit and providing the required additional documents (birth certificate/passport/health certificate/previous school report). Please note, we have a Viber group for parents where we share important information, updates and photos, so please specify if you use a different number for the Viber application. |
| Full name of mother / primary guardian & signature: |
| Full name of father / secondary guardian & signature: |
| Date of signature: |



| I give my full permission to Golden Oak P | | |
|---|--|----------------------|
| to take photos/videos of my child/cl | hildren | and to |
| post those photos on their school w | ebsite, social media, or for any marke | eting materials they |
| see fit. | | |
| | | |
| Full name of parent: | | |
| | | |
| | | |
| Signature of parent: | | |
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| | | |
| Date Signed: | | |
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