



**GOLDEN OAK**  
PRIVATE SCHOOL

**SUMMER 2024 REGISTRATION FORM**

Student Name(s): \_\_\_\_\_ Surname: \_\_\_\_\_

Date Of Birth: \_\_\_\_\_ Gender: Male | Female Nationality/ies: \_\_\_\_\_

ID card/Passport No.: \_\_\_\_\_ Date: \_\_\_\_\_

**Select your child's attendance:**    Half Day (pick up 13.00)    Full Day (pick up until 17.30)

**Month(s) Attending:**                       July     August

**Lunchtime Nap (Ages 2 & 3):**     Yes     No

**Hot Lunch Requested:**                 Yes     No

Mother's (Primary Guardian's) Name & Occupation:

\_\_\_\_\_

Home Address:

\_\_\_\_\_

Email Address:

\_\_\_\_\_

Phone number:

\_\_\_\_\_

Father's (Secondary Guardian's) Name & Occupation:

\_\_\_\_\_

Email Address:

\_\_\_\_\_

Phone Number:

\_\_\_\_\_

Emergency contact name & number:

\_\_\_\_\_

Mother / Primary Guardian Signature:

\_\_\_\_\_

Father / Secondary Guardian Signature

\_\_\_\_\_



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**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 food/insects/bees):

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Paediatrician's name & number:

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By signing this form, I understand that my child's spot is not complete until I have paid the August fee in advance and I agree to adhere to the school rules and times.

Full name of mother / primary guardian & signature:

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Full name of father / secondary guardian & signature:

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Date of signature:

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I \_\_\_\_\_ give my full permission to Golden Oak Private School to take photos/videos of my child/children \_\_\_\_\_ and to post those photos on their school website, social media, or for any marketing materials they see fit.

Full name of parent:

\_\_\_\_\_

Signature of parent:

\_\_\_\_\_

Date Signed:

\_\_\_\_\_