



**GOLDEN OAK**  
PRIVATE SCHOOL

**STUDENT REGISTRATION FORM**

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

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

Academic Entry Year:    ☐ 2026-2027            ☐ 2027-2028            ☐ 2028-2029            ☐ 2029-2030

ID card/Passport No.: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

**Select below the class your child is applying to enter:**

|                                                                                               |                                               |                                               |                                               |
|-----------------------------------------------------------------------------------------------|-----------------------------------------------|-----------------------------------------------|-----------------------------------------------|
| <input type="radio"/> Kindergarten (Age 3)                                                    | <input type="radio"/> Pre-Reception (Age 4)   | <input type="radio"/> Reception (Age 5)       | <input type="radio"/> Special Education Group |
| <input type="radio"/> Primary Grade 1 (Age 6)                                                 | <input type="radio"/> Primary Grade 2 (Age 7) | <input type="radio"/> Primary Grade 3 (Age 8) | <input type="radio"/> Primary Grade 4 (Age 9) |
| <input type="radio"/> Primary Grade 5 (Age 10) <input type="radio"/> Primary Grade 6 (Age 11) |                                               |                                               |                                               |

**School Hot Lunch:**    ☐ Yes            ☐ No            **Lunchtime Nap (3 only):**            ☐ Yes            ☐ No

**Parent/s / Guardian/s Personal Information:**

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

\_\_\_\_\_

Home Address:

\_\_\_\_\_

Email Address:

\_\_\_\_\_

Phone number (local & WhatsApp): \_\_\_\_\_

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

\_\_\_\_\_

Address (If different from above):

\_\_\_\_\_

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

Phone Number (local & WhatsApp): \_\_\_\_\_

Emergency contact name & number: \_\_\_\_\_

Mother's Signature & Father's Signature

\_\_\_\_\_

**\* Main Email to be used for all school communication:**

\_\_\_\_\_



### **APPLICATION PROCESS:**

Please tick (✓) the supporting documents you are submitting with this application.

**Note:** *Failure to provide all required documents means the application process may remain **incomplete***

✓

#### **Documents Description**

- ☐ Completed Registration Form (compulsory for registration)
- ☐ Child's Birth Certificate (compulsory for registration)
- ☐ Two Recent Passport-Sized Photographs (current photograph sent electronically is sufficient)
- ☐ Custody Paper/Legal Document (for single parents where only one parent can sign the application)
- ☐ Parent/Guardian Passport (copy) – for one or both parents where applicable.
- ☐ Previous School Reports (if requested)
- ☐ Medical or Educational Diagnosis Report (if applicable)
- ☐ Health Certificate (this is compulsory at the beginning of the school year for all students)
- ☐ Transfer Letter (for students coming from another school)
- ☐ Individual Education Plan (IEP) or Support Plan (if applicable)

### **Parent/Guardian Declaration:**

I acknowledge that the above supporting documents must be submitted. I understand that missing documents will delay or invalidate the application.

**Signature:** \_\_\_\_\_

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



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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** (e.g. ADHD) or **health condition** (eg. allergies):

**STUDENT HEALTH INFORMATION:**

**Section 1: Diagnosis Details (if relevant)**

- **Diagnosis Name:** \_\_\_\_\_
- **Date of Diagnosis:** \_\_\_\_/\_\_\_\_/\_\_\_\_
- **Diagnosing Professional (Name & Title):** \_\_\_\_\_
- **Facility/Clinic Name:** \_\_\_\_\_

**Section 2: Medical/Support Needs (if relevant)**

- Does your child have any **allergies**? ☐ Yes ☐ No
  - If yes, specify details: \_\_\_\_\_  
\_\_\_\_\_
  - What must be done if an allergic reaction occurs? \_\_\_\_\_  
\_\_\_\_\_
- Does the child require essential **medication** during school hours? ☐ Yes ☐ No
  - If yes, please complete and submit our additional medicine permission slip\*
- Does the child require special accommodations or support at school? ☐ Yes ☐ No
  - If yes, please provide details: \_\_\_\_\_  
\_\_\_\_\_

**Section 3: Attachments**

- ☐ Copy of diagnosis letter/report (if relevant)
- ☐ Medication plan / IEP or support plan (if applicable)

**Section 4: Consent**

I, the undersigned parent/guardian, confirm that the above information is accurate and consent to the school using this information to provide appropriate care and accommodations.

Pediatrician's name & number: \_\_\_\_\_

**Parents/Guardians Signatures:** \_\_\_\_\_



### **Financial Obligations:**

We, The Parent(s)/Guardian(s), hereby acknowledge and agree to pay all applicable school fees including tuition, registration, and any other charges as stipulated by the School in its annual fee schedule as posted on the school website. Payment shall be made in full by the due dates communicated by the School, whether on a termly or annual basis. Failure to make timely payments may result in the suspension of the student's enrolment or withholding of academic records. The Parent(s)/Guardian(s) accept full financial responsibility and agree that this obligation remains in force regardless of any changes in the student's enrolment status.

By signing this registration form, we confirm that we have read the Terms and Conditions and the School Handbook and we confirm that our child will be attending the full school year as outlined in the School Calendar: Kindergarten & Pre-School end in July / Primary School ends in June. Even if our child is absent for any period of time or leaves school earlier than the compulsory end date, we confirm that we will still pay the required tuition fees. We confirm that we understand that our child's registration is complete only upon paying the required **annual registration fee** and **deposit**, as well as providing the **required supporting documents**. We confirm that we understand that all fees paid (including registration fees and deposits) to the school are **non-refundable** once paid.

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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**PHOTOGRAPHS/VIDEO PERMISSION FORM**

I \_\_\_\_\_ give my permission to Golden Oak Private School to take photos/videos of my child \_\_\_\_\_ and to post those photos/videos on their school website, social media, or for marketing purposes.

Full name of parent:

\_\_\_\_\_

Signature of parent:

\_\_\_\_\_

Date Signed:

\_\_\_\_\_



# GOLDEN OAK

## PRIVATE SCHOOL

### Financial Obligations 2026-2027

#### Annual Registration Fee

**€600 New Students/ €500 Continuing Students** (includes main textbooks and insurance)

**Deposit fee for new students:** a deposit is required upon registration. The deposit is equivalent to one month's tuition for kindergarten/preschool students or €1000 for Primary students. The deposit is automatically deducted from the final invoice of the last calendar month of the academic year only and cannot be used for any other month.

#### Annual Tuition Fees

|               |       |
|---------------|-------|
| Kindergarten  | €6050 |
| Pre-Reception | €6600 |
| Reception     | €6600 |
| Grade 1       | €7100 |
| Grade 2       | €7300 |
| Grade 3       | €7500 |
| Grade 4       | €7700 |

- Tuition Fees are paid in 3 termly installments

#### Optional Additional Costs

- **School Trips:** €40 Per Trip (2-3 times per year)
- **Hot lunch:** €120-130 / Month
- **Extended Day Until 5.30 pm:** €150-€200 / Month
- **Specialist Clubs:** €30-80 / Month Per Club (depending on parent club choices)

#### Non-Refundable Fees

All amounts that are paid to the school are non-refundable, regardless of whether the applicant is accepted, withdraws their application, or cancels their registration for any reason.

#### Parental Financial Obligations

Parents are obligated to pay the school fees for the entire school year, regardless of sick days, school holidays, or early departure from the school.

#### OPERATING MONTHS/HOURS

|                           |                                 |
|---------------------------|---------------------------------|
| KINDERGARTEN & PRE-SCHOOL | 7.30 - 16.30 (September – July) |
| PRIMARY SCHOOL            | 7.30 - 15.30 (September – June) |

We, the parents of \_\_\_\_\_ acknowledge that we have read, understand, and agree to the above financial obligations.

#### Signatures:

Mother/Guardian 1 \_\_\_\_\_ & Father/Guardian 2 \_\_\_\_\_

Date Signed: \_\_\_\_\_