

51 Shepherds Hill London, N6 5QP Tel: +44 (0) 208 340 0828 Fax: +44 (0) 208 348 9389 E-mail: highgate@sgiles.co.uk Website: www.stgiles-international.com

For all students under 18 years old

# Parental Travel Consent Form

Name of student:	Date of birth			
Dates of programme				
from:	to:			
Travelling from:	Travelling to:			
College name: St Giles London Highgate				
College address: 51 Shepherds Hill, London, N6 5QP, UK				
24-hour contact telephone number	07796552488			

To whom it may concern:

As the parent and/or legal guardian of the above student, I hereby give written consent for the care arrangements for my child's travel to the above destination and his/her reception and care while in the United Kingdom, and confirm that my child has my consent to live andtravel independently.

#### [For children aged 14 or 15, please tick $\sqrt{\text{Box A or Box B}}$ .

### For children aged 16 or 17, please tick $\sqrt{Box A}$ , or Box B or Box C]



My child will be met at the above destination by a representative of the St GilesAirport Transfer Service (documentary evidence attached)



My child will be met at the above destination by the following adult family friend/relative:

Name:

Telephone number:

Address:

**c** I confirm my consent to my child's independent travel to and within the United Kingdom.

St Giles International (UK) will make arrangements for my child's care while in the UK. StGiles International is fully compliant with relevant United Kingdom legislation and regulations, including those of the Department of Health.

Name of Parent/Guardian:

Address of Parent/Guardian:

Telephone:

Signature of Parent/GuardianDate:

<u>This document must be completed and signed before your arrival at any UK Port or Airport.</u> The student must carry this Consent Form for production on request at immigration control.



# PARENTAL PERMISSIONS and MEDICAL CONSENT FORM FOR STUDENTS UNDER 16 YEARS

Student details				
Last name of student				
First name of student				
Date of birth				
Course dates (start/end date)				
Mobile/cell phone number of student during stay				
E-mail address of student				

Contact details of parents or legal guardian				
Last name				
First name				
Address				
Telephone number				
Mobile/cell phone number				
E-mail				
Level of English				

If the parents/guardian cannot be reached, the following person should be contacted				
Last name				
First name				
Relationship to student				
Telephone number				
Mobile/cell phone number				
E-mail				
Level of English				

# Please read the following information carefully and tick $\sqrt{\text{ALL}}$ the relevant boxes on the left



We, the parents/legal guardians consent that our son/daughter can take part in a language course at St Giles International Highgate. We confirm that our child has enough sense of maturity and responsibility to study at a school where there will be students aged 18 and over.

## We understand that:

1. Our child will normally study in classes with students aged 14 to 17. However, they may be placed in an adult class when this is a better alternative for their level of English, and we do not have an appropriate Junior Class available.
2. Our child will travel between the school and the homestay unsupervised
3. Our child will not be supervised during their free time, e.g. between the end of their lessons at the school and returning to their homestay. This could include shopping
4. All students under the age of 16 must be home by 21.00 pm at night, Sunday to Thursday, and by 22.00 on Friday and Saturday. If our child leaves their host family house after dark, they must inform the host family where they are going as outlined



	in our Under-18 Disciplinary Policy						
	5. Can your child go out unsupervised until 21.00 pm at night, Yes No						
	Sunday to Thursday and until 22.00 on Friday and Saturday?						
6. If		to be home <b>before</b> these times, please inc	dicate	the t	ime be	low.	
		weekdays):					
		weekends):					
		I programme is not compulsory, nor is it s					
		ctivities are not suitable for students unde					
		sed by school staff who can assist the stud					
		Il students to return to their host family w ne evening when it is dark. You can seeex					
		veb site at <u>Social Programme   St Giles Int</u>					
	international.com)	ieb site at <u>social rogramme per ones me</u>	cinacio		Jugites	<u></u>	
	8. The Social Progra	amme includes theatre trips with performa	nces ir	n cen	tral Lo	ndon that	
		pm. Can your child attend these performa					
		es attend one of these performances, can the	hey tra	avel ł	nome a	alone on	
	public transport				_		
		eed to pay extra for a taxi. Do you agree to					
		ve sufficient money to pay for lunches at the					
		n London. For guidance, £6 - £8 per day sh					
	centre of	e school canteen, and a typical taxi fare is	curren	tiy £	20 110	n the	
		, approximately. Please see <u>Student Budg</u>	ote Wh	ی ماند	tudvin	a English at	
		ternational (stgiles-international.com) for g					
		es written permission for students under the ag				0303.	
		amed adult escort	,0 0. 10				
	11. If our child visits	a friend/relative they must have the school	ol's pe	rmiss	ion an	d they	
		school and host family of their travel plan					
		/relative must collect our child and return		to the		estay.	
		named friend/relative and stay	Yes		No		
-	vernight?						
Nam	e of friend/relative						
Addr	ess						
Tel.							
101.							
		r the age of 16 MUST have a return airport					
	are travelling with a named relative or adult friend. Students must also carry the						
	Parental Travel Consent Form						
	•	uire children under the age of 16 to be es					
	at the airport on their return home. Please check if this is a requirement of your shid's airling. We can arrange an assisted sheck in <b>there is an extra sharge for</b>						
child's airline. We can arrange an assisted check-in – <b>there is an extra charge for</b> <b>this service</b> . Please contact the school office for further information.							
School and host family rules:							
		ciplinary Policy is attached. We ask both the stu	udent a	nd bi	s/her		
		ns to sign the Policy to indicate they have				and	
	agreed to the Po						
	-	i					



# **MEDICAL DETAILS & PARENTAL CONSENT**

Does your child have a condition or illness that requires medical treatment?					
YES		NO			
If yes,	please	give det	ails:		
Does y	our chi	ld suffer	from any	y allergies?	
YES		NO			
If yes,	please	give deta	ails:		
_					
	child t		y medica	ation at present?	
YES		NO			
If yes,	please	give deta	ails:		
Can yo	ur chilo	d be give	n over-tł	ne-counter medicine (e.g. paracetamol; cough medicine?)	
YES		NO			
We, the	e parer	nts/guard	lian, agre	ee that in the case of illness our child should be attended	
				operated on in an emergency, and may be given	
medica	tion ac	cording t	to a qual	ified doctor's advice in an emergency	
YES		NO			
We, the parents/guardian, agree to inform the school of any change in our					
child's medical condition before his/her arrival at the school.					
Comments: to be completed by a parent/legal guardian if you have any additional					
requests or information that is relevant to your child's stay at St Giles					



## **PROMOTIONAL/PEDAGOGICAL PHOTOGRAPHS & VIDEOS**

St Giles or its representatives may take photographs and videos of classes or other					
school	school activities during your child's time with us, which may be used for promotional				
purposes, including posting on St Giles Facebook pages, or for pedagogical purposes.					
Do you give your consent to this?					
YES		NO			

To be completed by the parent / guardian of students aged 14 or 15. Please sign below and return immediately. Your accommodation details will follow when we have received this completed form.

### I have read and understood the above information

Name of parent/guardian: .....

Signature of parent/guardian:....

Date: .....