

Parental consent form for students aged under 18

We want to make sure that your child is safe and happy while studying in the UK. To help us, we ask you (the parent or legal guardian) to complete this form for any student aged under 18 who is enrolled at The Language Training Co. Please note that the student will not be able to start the course until the form is received by the The Language Training Co.

| Student details | | | | |
|----------------------|----------------|-----------------------------|--------------------|-------------|
| ïrst name: | Fa | amily name: | Gender: m | nale/female |
| Date of birth: | Na | ationality: | First language: | : |
| Passport number: | Pa | assport expiry date: | | |
| Parents' or gua | ardian's deta | ils 1 | | |
| itle: Fir | st name: | Family name: | | |
| Relationship to chil | d: | First language: | Level of Engl | lish: |
| Address: | | _ | | |
| Mobile phone: | | Email: | | |
| Parents' or gua | ardian's deta | ils 2 | | |
| itle: Fir | st name: | Family name: | | |
| Relationship to chil | d: | First language: | Level of Engl | lish: |
| Address: | | | | |
| Mobile phone: | | Email: | | |
| Please provide alt | ernative conta | ct number in the absence of | both of the above. | |

| Γrav | |
|------|--|
| | I give consent for my son/daughter to travel to the UK and study at the The Language Training Col agree that my son/daughter age 13+ can travel unaccompanied: |
| | to and from to and from London /Bournemouth at the start and end of their course. YES \square NO \square |
| | between the school and his/her accommodation YES \square NO \square |
| | Individual travellers |
| | For individual travellers, we need to know the travel arrangements in case something goes wrong, so please provide your travel arrangements. From airport/station etc to centre/ accommodation at the start of the course. |
| | Flight no Airport Time |
| | Transfer detail (arrival time at the accommodation) From school to airport/station on departure from the centre. |
| | Flight no Airport Time |
| | Accommodation |
| | I agree to my son/daughter staying in accommodation arranged by the The Language Training Co . |
| | He/she understands that he/she must follow the 'school and house rules. YES \square NO \square |
| | If your son/daughter is staying with family members or is in accommodation arranged by yourself, or your agent, please give full details: |
| | Name of responsible adult in the accommodation: |
| | Date of birth: Relationship to the child: |
| | Address: Mobile phone: |
| | Email: |
| | Please take a look at our <u>safeguarding policy</u> and make sure you understand. It is extremely important that you are aware of the pitfalls of getting your children in accommodation not organized by the school. If you do decide to find your own accommodation you agree to the following: Minimum age of person looking after your child should be 21+ Check their passport and credentials Check their suitability to look after your son/daughter Check their accommodation meet minimum of standards of distance and hygiene |
| | Curfew times |

| I agree with the school curfew times whilst my/son daughter is in the 13-15 must be at home by 9pm 16-17must be at home by 10pm | heir accommodation: YES □ NO □ |
|--|--|
| Leisure activities | |
| I give permission for my son/daughter to go on any trips organise these activities, under supervision of the relevant qualified staff I | • |
| Ball games | YES □ NO □ |
| Swimming and water sports | YES □ NO □ |
| Canoeing/ kayaking /sailing | YES □ NO □ |
| Adventure sports (high ropes, rock-climbing, abseiling etc.) | YES □ NO □ |
| Horse-riding | YES □ NO □ |
| Archery | YES □ NO □ |
| Ice-skating From time to time, we organize activities and trips with external organize provide risk assessments to comply with health and safety | YES □ NO □ companies. We do ask them to |
| Unsupervised time | |
| I give permission for my son/daughter to have free time for shop arranged by the The Language Training Co. 11-13 will have supervised free time and will be accompanied by 14–17 – up to an hour and a half within a specified area in group their location on their smart phones. | y group leaders |
| I give permission for my son/daughter to have unsupervised free Bournemouth during the time between the end of classes/activiti meal at their accommodation 18:00. | |
| I give permission for my son/daughter to have unsupervised free evening for up to an hour between 19:00-20:00 after the evening day between 12:00 and 15:00 | |
| Medical | |
| Please tell us about any problems. If we are not told in advance we reserve the right to terminate the student's course. Does your son/daughter have: | about a physical or mental condition, |
| Asthma or bronchitis | YES □ NO □ |
| Heart condition | YES □ NO □ |
| Fits, fainting or blackouts | YES □ NO □ |

| | | YES □ NO □ | | |
|--|--|--|--|--|
| Headaches | | | | |
| Diabetes | | YES \square NO \square | | |
| Allergies to | known medicines | YES □ NO □ | | |
| Other allerg | YES □ NO □ | | | |
| Travel sickr | YES □ NO □ | | | |
| Bed-wetting | /incontinence | YES □ NO □ | | |
| - | Any mental health problems (including eating disorders, hyperactivity)? | | | |
| Is your son/ | daughter on regular medication? | YES □ NO □ | | |
| Does your s | son/daughter require regular hospital treatment? | YES □ NO □ | | |
| Does your s | on/daughter take any medication which he/she will bring with hir | m/her? YES □ NO □ Is | | |
| • | ing else we should know about? to any of the questions above is YES, please give details: | YES □ NO □If | | |
| In case of m | ninor pain or illness such as headache, mild cold or sore throat, o | do you YES \square NO \square | | |
| agree to you Paracetamo In case of a | ur son/daughter being given non-prescription medication such ol, cough medicine, throat pastilles, antihistamine or travel sick n emergency do you give permission for a responsible person in | the YES □ NO □ | | |
| agree to you Paracetamo In case of an The Langua Of course, e possible. | ol, cough medicine, throat pastilles, antihistamine or travel sick in emergency do you give permission for a responsible person in age Training Co or in their accommodation to arrange medical every effort will be made to contact you, the child's parents/gua | tness tablets? the YES □ NO □ treatment. | | |
| agree to you Paracetamo In case of a The Langua Of course, e | ol, cough medicine, throat pastilles, antihistamine or travel sick in emergency do you give permission for a responsible person in age Training Co or in their accommodation to arrange medical every effort will be made to contact you, the child's parents/gua | the YES □ NO □ treatment. | | |
| agree to you Paracetamo In case of an The Langua Of course, e possible. Attendan Students ar at the stated | ol, cough medicine, throat pastilles, antihistamine or travel sick in emergency do you give permission for a responsible person in age Training Co or in their accommodation to arrange medical every effort will be made to contact you, the child's parents/gua | the YES □ NO □ treatment. ardians, as quickly as to be in their accommodation t any time, please contact | | |
| agree to you Paracetamo In case of an The Langua Of course, e possible. Attendan Students ar at the stated the The Langua | ol, cough medicine, throat pastilles, antihistamine or travel sick in emergency do you give permission for a responsible person in age Training Co or in their accommodation to arrange medical every effort will be made to contact you, the child's parents/guarents/g | the YES □ NO □ treatment. ardians, as quickly as to be in their accommodation t any time, please contact | | |
| agree to you Paracetamo In case of an The Langua Of course, et possible. Attendan Students ar at the stated the The Langua I understand class or leist | ce e expected to attend all scheduled classes and activities and to dimes. If you wish your child to be absent from the course acting age Training Co directly so that suitable arrangements can aguage Training Co directly so that suitable arrangements can | the YES □ NO □ treatment. ardians, as quickly as to be in their accommodation t any time, please contact be made. or video clips of studentsdurin | | |
| agree to you Paracetamo In case of an The Langua Of course, et possible. Attendan Students ar at the stated the The Lar Photogra I understand class or leis publicity or et | ce e expected to attend all scheduled classes and activities and to dimes. If you wish your child to be absent from the course arguage Training Co directly so that suitable arrangements can apply and video clips d that the The Language Training Co may take photographs of sure activities and that these images may be used in the The Language may be u | the YES □ NO □ treatment. ardians, as quickly as to be in their accommodation t any time, please contact be made. | | |
| agree to you Paracetamo In case of an The Langua Of course, et possible. Attendan Students ar at the stated the The Lar Photogra I understand class or leis publicity or et la consent for lare and the consent for large and | ce e expected to attend all scheduled classes and activities and to dimes. If you wish your child to be absent from the course arguage Training Co directly so that suitable arrangements can apply and video clips d that the The Language Training Co may take photographs of sure activities and that these images may be used in the The Language Indicates and the course are activities and that these images may be used in the The Language Indicates and the course are activities and that these images may be used in the The Language Indicates and the Indicates and Indicates and Indicates and Indicates and Indicates In | the YES □ NO □ treatment. ardians, as quickly as to be in their accommodation t any time, please contact be made. Trivideo clips of studentsduring anguage Training Co | | |
| agree to you Paracetamous In case of an The Langua Of course, expossible. Attendan Students are at the stated the The Langua Class or leist publicity or a I consent for Long-state I consent for Long-state I consent for Long-state I consent for I consent for Long-state I consent for I consent for Long-state I consent for Long-state I consent for Long-state I consent for I consent for Long-state I consent for Long-sta | ol, cough medicine, throat pastilles, antihistamine or travel sick in emergency do you give permission for a responsible person in age Training Co or in their accommodation to arrange medical every effort will be made to contact you, the child's parents/guare expected to attend all scheduled classes and activities and to ditimes. If you wish your child to be absent from the course an aguage Training Co directly so that suitable arrangements can apphs and video clips dithat the The Language Training Co may take photographs of sure activities and that these images may be used in the The Lon its social media site. | the YES □ NO □ treatment. ardians, as quickly as to be in their accommodation t any time, please contact be made. Trivideo clips of studentsduring anguage Training Co | | |

| Telephone: | Email: | |
|---|---|-----------------------------|
| When did your son/daught | er last have a tetanus injection? Date: | |
| I give permission for my so | n/daughter to be registered with a doctor | YES □ NO □ |
| | | |
| | d 17 who are enrolled on adult cours | ses |
| I understand that: | | |
| my son/daughter will come | into regular contact with other students over the | he age of 18, in class and |
| during the leisure program | me | YES \square NO \square |
| he/she is responsible for b | uying their own lunch during the week if he/she | e is not part of our summer |
| junior groups. | | YES □ NO □ |
| | vs (e.g. related to smoking and drinking alcohoce, there may be some leisure activities which | , , , , , , |
| take part in because of the | ir age. | YES □ NO □ |
| Consent | | |
| I confirm that the above de | tails are accurate and complete. | |
| I agree to the terms and co | | |
| I have discussed the agree | d arrangements and rules with my son/daught | er. |
| Signature of the parent/gua | ardian: | |
| I have discussed the agree | d arrangements and rules with my parent/gua | rdian. |
| Signature of the student: | | |
| For further information abo | out our school, student handbook, safeguarding | g and attendance policy |
| please click here. | | |
| ONCE COMPLETED | AND SIGNED PLEASE RETURN THI | S FORM TO |
| THE LANGUAGE TR | AINING CO | |
| TEL: +44 (0) 1202 772030 Email: <u>info@thelanguagetra</u> | iningco co uk | |