



St Giles

CAMBRIDGE

52 Bateman Street
Cambridge
CB2 1LR

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Telephone: (01223) 358089
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Parental Travel Consent Form

For all students under 16 years old

| | |
|---|--|
| Name of student: | Date of birth |
| Dates of programme From: _____ to: _____ | |
| Travelling from: | Travelling to (UK port of entry): |
| College name: St Giles Cambridge | Sponsor Licence Number: HP2K9Y4R7 |
| College address: 52 Bateman Street, Cambridge CB2 1LR | |
| 24-hour contact telephone number | 0044 (0) 1223 358089 in office hours 0044 (0) 7943 631947 when office is closed |

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 and travel independently.

For children aged 14 or 15, please tick Box A, or Box B

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

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

Name:

Telephone number:

Address:

St Giles International (UK) will make arrangements for my child's care while in the UK. St Giles 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:

Date:

Signature of Parent/Guardian :

This document must be completed and signed before your arrival at any UK Port or Airport.

The student must carry this Consent Form for production on request at immigration