



52 Bateman Street
Cambridge
CB2 1LR

E-mail: cambridge@stgiles.co.uk
Website: www.stgiles-international.com

Telephone: (01223) 358089
Fax: (01223) 315276

Parental Consent Form

For all students under 18 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 16 or 17, please tick Box A, or Box B or Box C]

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: _____

C I confirm my consent to my child's independent travel to and within the United Kingdom. (*Tier 4 policy guidance paragraphs 218, 219*).

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