

154 Southampton Row Bloomsbury London WC1B 5JX

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PARENTAL PERMISSIONS and MEDICAL CONSENT FORM FOR STUDENTS AGED 16 & 17

	Student details
Title	
Last name of student	
First name of student	
Date of birth	
Nationality	
Course dates (start/end date)	
Mobile/cell phone number of	
student during stay	
E-mail address of student	
	etails 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 can	nnot 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 relevant boxes on the left	information carefully and tick \sqrt{ALL} the
United Kingdom indeper London Central. We also	uardians give consent for our son/daughter to travel to the ndently to join a language course at St Giles International confirm that our child is mature and responsible enoughed study with students aged 18 and over.
We understand that:	a staa, men staachts agea 10 ana over.
	ill take placed at St Giles London Central located at ow, London, WC1B 5JX, UK.
	n classes with students aged 18 and over.
	petween the school and the homestay/chosen

accommodation without supervision.

	4. Our child will not be supervised during their free time e. their lessons at the school and returning to their accomi	_		e en	d of
	5. All students aged 16 & 17 must be home by 23.00 from and by 00.00 on Friday and Saturday.			ursda	ау
	6. Our child can go out with no supervision until 23.00 Sur	nday to	Thursd	ay a	nd
	until 0.00 on Friday and Saturday. 7. If you wish your child to be home before the above time	es, plea	se indic	ate 1	the
	time below.	, p			
	Time to be home (weekdays):				
	Time to be home (weekends):				
	8. If there is an emergency our child can contact St Giles on this 24-hour contact number: 0044 (0) 7804 919		Centra	ıl dir	ectly
	9. Students can choose to attend the school's social progra	mme. S			
	events are designed for students under 18. Certain active for students under 18. All school social activities are support of the students are				
	who can help the students. We strongly advise all stude	nts to i	eturn t	o the	eir
	host family with a friend, or better, by taxi, particularly is		_		n it
	is dark. You can see examples of the social programme <a href="http://www.stgiles-international.com/student-services/leading-</td><td></td><td>web sit</td><td>.e at</td><td></td></tr><tr><td></td><td>10. Our child will have sufficient money to pay for lunches at</td><td></td><td></td><td></td><td></td></tr><tr><td></td><td>transportation in London. £10 per day should be sufficient in the school canteen. Please see http://www.stgiles-integation.html				
	services/student-budget/ for information on other costs.		<u> </u>	, Sca	acric
	11. If our child visits a friend/relative they must have our pe				
	school's permission. They must also tell the school and he plans and who they are going to visit.	nomesta	ay of th	eir ti	ravel
The s	school takes bookings for trips on Saturdays and Sundays. T	hese ar	e orgar	nised	by a
differ	ent company and St Giles staff do not normally go on these	trips.			
12. M	ly child can go on full-day excursions	YES		NO	
13. M	ly child can go on overnight excursions	YES		NO	
	,				
	14. All students aged 16 and 17 are advised to have a return	•			
	unless they are travelling with a named relative or adult				
	to avoid possible problems with immigration procedures. carry this Parental Consent Form when travelling.	Stude	ints mu	St ai	SO
	I. My child will be met at the Airport by a	YES		NO	
	representative of the St Giles Airport Transfer				
	Service (documentary evidence attached). II. My child will be met at the Airport by the following	YES		NO	
	adult family friend/relative:	ILS	•	110	
	Name:				
	Telephone number:				
	Address:				
		1			

School and homestay rules:

15. Our child must attend all classes. The school has a strict attendance policy. Students can be absent only when they are ill. The student, their homestay host or another family member must telephone/email the school as soon as possible on the day of the illness.

16. We understand that the school reserves the right to terminate the course of any student guilty of serious or persistent misconduct at the school or in the homestay during his/her stay. In such cases, there will be no refund of fees and we will be responsible for our child's return or onward journey and the associated costs. Such misconduct may include: possession/consumption of illegal drugs/alcohol, intentional damage of school or host family property, repeated absence from classes, repeated disturbance of classes or in the host family, repeated breaking of school rules, criminal activity.
The school's Student Disciplinary Code is available on request 17. Our child will follow the homestay rules and requirements. This will inclure rules about (amongst other things): use of the home telephone/TV/computer, having visitors, meal times, smoking, noise, use of the bathroom, cleanliness and tidiness, safety and security of the property. 18. Our child will be responsible for any damage they may cause in their homestay accommodation.

MEDICAL DETAILS & PARENTAL CONSENT

Does y	our child hav	e a condition	on or illness that requires medical treatment?
YES	NO		
If yes,	please give	details:	
	our child suf	<u>fer from an</u>	y allergies?
YES	NO		
If yes,	please give	details:	
Is your	child taking	any medica	ation at present?
YES	NO		
If yes,	please give	details:	
Can yo	ur child be g	iven over-tl	he-counter medicine (e.g. paracetamol, cough medicine)?
YES	NO		
We, th	e parents/gu	ardian, agre	ee that in the case of illness our child should be attended
by a do	octor or hosp	italised or o	pperated on in an emergency, and may be given
medica	ition accordii	ng to a qual	ified doctor's advice in an emergency
YES	NO		
	We, the pa	rents/guard	ian, 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			
			relevant to your child's stay at St Giles

ACCOMMODATION

My child will stay in St Giles arranged accommodation (documentary evidence attached).		Α	
My child will stay in privately arranged accommodation with a responsible B		В	
Adult and I will provide the fo	llowing information:		
Last name			
First Name			
Date of birth			
Address			
Relationship to Child			
Telephone number			
Mobile/cell phone number			
E-mail			
Level of English			
-			

PROMOTIONAL/PEDAGOGICAL PHOTOGRAPHS & VIDEOS

St Giles or its representatives may take photographs and videos of classes or other			
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 16 or 17. 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:

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 control.