

## Parental Travel Consent Form

**For all students under 18 years old**

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	+447796552488

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.**

**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.

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:

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.**