

51 Shepherds Hill London, N6 5QP Tel: +44 (0) 208 340 0828 Fax: +44 (0) 208 348 9389

E-mail: highgate@sgiles.co.uk Website: <u>www.stgiles-international.com</u>

Parental Travel Consent Form

For all students under 18 years old

Name (of student:	Date of birth			
Dates of programme					
from:	ing from:	to: Travelling to:			
Travelling from:		Travelling to:			
College name: St Giles London Highgate					
College	e address: 51 Shepherds Hill, London, N	N6 5QP, UK			
24-hou	ır contact telephone number	07796552488			
To who	om 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 ch	ildren aged 14 or 15, please tick $$ Box	A or Box B.			
For chi	ldren aged 16 or 17, please tick \sqrt{Boxt}	A, or Box B or Box C]			
A \Box	My child will be met at the above destination by a representative of the St Giles Airport Transfer Service (documentary evidence attached)				
в	My child will be met at the above destination by the following adult family friend/relative:				
	Name:				
	Telephone number:				
	Address:				
с 🗆	I confirm my consent to my child's ind Kingdom.	dependent travel to and within the United			
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.					



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

	Student details
Last name of student	
First name of student	
Date of birth	
Course dates (start/end date)	
Mobile/cell phone number of	
student during stay	
F-mail address of student	
E man dadress of stadent	
Contact	details of parents or legal guardian
Last name	guarana
First name	
Address	
Telephone number	
Mobile/cell phone number	
E-mail E-mail	
Level of English	
	not 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	
Diagon word the following	information construit, and tisk (All the
_	information carefully and tick √ALL the
relevant boxes on the lef	
We the parents/legal gu	pardians consent that our con/daughter can take part in a
	lardians consent that our son/daughter can take part in a les International Highgate. We confirm that our child has
	y and responsibility to study at a school where there will
be students aged 18 and	
be students aged 10 and	. 67611
We understand that:	
Our child may be study	dying in classes with students over the age of 18.
	etween the school and the homestay unsupervised
	upervised during their free time, e.g. between the end of chool and returning to their homestay. This could include
Shopping	



4. All students aged 16 & 17 must be home by 23.00 pm at night, Sunday to Thursday inclusive, and by 00.00 on Friday and Saturday. If our child leaves their host family house after dark, they must inform the host family where they are going



Thursday, and			d until 23.00 pm, S ay & Saturday	unday to	Yes	•	No	
6. If you wish you below.	ur child	to be home	before the above ti	imes, plea	se indi	cate t	he tim	e
Time to be								
for this a school s students their hos when it	age gro ocial ac attenc st famil is dark.	up. Certain a ctivities are si ling the activ y with a frien . You can see	ne is not compulsor activities are not sui upervised by school ity. We strongly ad ad, or preferably by examples of the soles International (st	table for a staff who vise all st taxi, part ocial prog	student can as udents cicularly ramme	s und ssist to to ret in the on ou	er 18. he urn to e ever ir web	All ning
transportatio anddrinks in centre ofLond Studying Eng guidance on	n in Loi the sch don to t glish at other co	ndon. For gui ool canteen, the school, ap St Giles St osts.	noney to pay for lur idance, £6 - £8 per and a typical taxi fa oproximately. Pleas Giles International	day shou are is curr e see <u>Stu</u> (stgiles-ir	ld be su ently £ dent Bu nternati	ufficier 20 fro udgets onal.c	nt for m the s While com) f	e e or
they mu are goin the hom	st infor g to vis estay.	m the school sit. The friend	ative they must hav and host family of I/relative must colle	their trav	el plans Id and	s and	who th them	ney
10. Can your child vovernight?	∕isit a na	amed friend/rel	ative and stay		Yes		No	
Name of friend/re	lative							
Address								
Tel.								
			day trips on Saturda , and St Giles staff		rmally			
12. My child can g school (Saturo			ions booked through	the	YES		NO	
unless the in order must als	ney are to avoi so carry	travelling wi d possible pr the Parental	are advised to have than amed relative oblems with immiga Travel Consent For	e or adult ration pro	friend.	We ac	dvise t	
School and host	_							
his/her pundersto	parents ood and	/guardians to I agreed to th		ndicate th	ney hav	e reac	d,	
students homesta parents	of this y unles or guar	s age are not ss the school dians.	and 17 to buy cigarett allowed to smoke a has received writt ow smoking under a	at the school	ool or a ssion f	t their	r	



MEDICAL DETAILS & PARENTAL CONSENT

Does y	our chi	ld have a	conditio	n or illnes	s that requires medical treatment?
YES		NO			
If yes,	please	give det	ails:		
	our chi		from any	allergies	?
YES		NO			
If yes,	please	give det	ails:		
	r child t	aking an	y medica	tion at pro	esent?
YES		NO			
If yes,	please	give det	ails:		
Can yo	our child	d be give	n over-th	e-counter	r medicine (e.g. paracetamol; cough medicine?)
YES		NO			
					the case of illness our child should be attended
					on in an emergency, and may be given or's advice in an emergency
YES		NO	lo a quai	inea aocto	of advice in an emergency
	We, t	1	ts/guard	ian, agree	to inform the school of any change in our
					his/her arrival at the school.
					legal guardian if you have any additional
reques	sts or in	formatio	n that is	relevant t	to your child's stay at St Giles
Accor	mmod	ation			
۸ I	My chi	ld will st	av in St <i>G</i>	lilos arran	ged accommodation
л Ш	141y Cili	iu wiii sta	ay III St C	nies arran	ged accommodation
	B My child will stay in privately arranged accommodation and I will provide the following information:				
TOIIOWI	ng intoi	mation:			
Addre	ess				
Post 0	Code				
Name	of res	ponsible	adult(s	3)	
				,	
					
child	on of r	esponsi	ble adul	t(s) to	
Email	of resi	onsible	adult(s)	
	3 CS	33.3.0		,	
	1		•		
Telepl	none n	umber o	f respor	sible	
adult	(s)				
	,				<u>I</u>



PROMOTIONAL/PEDAGOGICAL PHOTOGRAPHS & VIDEOS

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.

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				

I have read and understood the above information
Name of parent/guardian:
Signature of parent/guardian:
Date: