

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: www.stgiles-international.com*

Parental Travel Consent

For all students under 16 years old

Form

Name of student:	Date of birth		
Nume of Stadent.	Date of birth		
Dates of programme			
from:	to:		
Travelling from:	Travelling to:		
J -			
College name: St Giles London Highgate			
j			
College address: 51 Shepherds Hill, London, N6 5QP, UK			
concyc dddressi si shepherds rini, London, r			
24-hour contact telephone number	07796552488		
	07750552400		

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 andtravel independently.

[For children aged 14 or 15, please tick $\sqrt{\text{Box A } or \text{Box B}}$.

For children aged 16 or 17, please tick $\sqrt{Box A}$, or Box B or Box C]

АL

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

B

My child will be met at the above destination by the following adult familyfriend/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. StGiles 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/GuardianDate:

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

<u>Airport.</u> The student must carry this Consent Form for production on request at immigration control.



PARENTAL PERMISSIONS and MEDICAL CONSENT FORM FOR STUDENTSUNDER 16 YEARS

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				
E-mail address of student				

Contact details 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 cannot 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 information carefully and tick \sqrt{ALL} therelevant boxes on the left

We, the parents/legal guardians consent that our son/daughter can take part in alanguage course at St Giles International Highgate. We confirm that our child hasenough sense of maturity and responsibility to study at a school where there will be students aged 18 and over.

We understand that:

1. Our child will normally study in classes with students aged 14 to 17. However, they may be placed in an adult class when this is a better alternative for their level of						
	English, and we do not have an appropriate Junior Class available.					
2. Our child will travel between the school and the homesta	2. Our child will travel between the school and the homestay unsupervised					
3. Our child will not be supervised during their free time, e.						
lessons at the school and returning to their homestay.						
4. All students under the age of 16 must be home by 21.00						
Thursday, and by 22.00 on Friday and Saturday. If our of house after dark, they must inform the host family when						
in our Under-18 Disciplinary Policy	e they a	ne go	ing as	outimeu		
5. Can your child go out unsupervised until 21.00 pm at night,	Yes		No			
Sunday to Thursday and until 22.00 on Friday and Saturday?	Tes		UNI			
6. If you wish your child to be home before these times, please	indicate	the ti	ime be	elow.		
Time to be home (weekdays):						
Time to be home (weekends):						
7. The school's social programme is not compulsory, nor is it	specific	ally d	esigne	ed for this		
age group. Certain activities are not suitable for students un						
activities are supervised by school staff who can assist the s						
We strongly advise all students to return to their host family						
taxi, particularly in the evening when it is dark. You can see	example	s of t	he soo	cial		
programme on our web site at Social Programme St Giles]	<u>nternati</u>	<u>onal (</u>	stgile	<u>S-</u>		
international.com)						
8. The Social Programme includes theatre trips with perform				ndon that		
finish around 11pm. Can your child attend these performances? Yes / No						
If your child does attend one of these performances, can they travel home alone on						
public transport? Yes / No						
If no, you will need to pay extra for a taxi. Do you agree to this? Yes / No						
9. Our child will have sufficient money to pay for lunches at	the sch	001, a	na tor	h fau lun ab		
transportation in London. For guidance, £6 - £8 per day						
and drinks in the school canteen, and a typical taxi fare is currently £20 from the						
centre of London to the school, approximately. Please see <u>Student Budgets While Studying English at</u>						
St Giles St Giles International (stgiles-international.com)for guidance on other costs.10. The school requires written permission for students under the age of 16 to leave						
London with a named adult escort	age of 1	5 10 1	cuvc			
11. If our child visits a friend/relative they must have the sc	nool's ne	rmiss	ion an	d they		
must inform the school and host family of their travel pl						
	visit. The friend/relative must collect our child and return them to the homestay.					
12. Can your child visit a named friend/relative and stay	Yes		No	,		
overnight?			-			
	1					
Name of friend/relative						
Address						
· · · · · · · · · · · · · · · · · · ·						
· · · · · · · · · · · · · · · · · · ·						



	13. All students under the age of 16 MUST have a return airport taxi transfer, unless they are travelling with a named relative or adult friend. Students must also carry the Parental Travel Consent Form
	14. Many airlines require children under the age of 16 to be escorted to the check-in desk at the airport on their return home. Please check if this is a requirement of your child's airline. We can arrange an assisted check-in – there is an extra charge for this service. Please contact the school office for further information.
Scho	ool and host family rules:
	15. Our Under-18 Disciplinary Policy is attached. We ask both the student and his/her parents/guardians to sign the Policy to indicate they have read, understood and agreed to the Policy.

MEDICAL DETAILS & PARENTAL CONSENT

Does your child have a condition or illness that requires medical treatment?				
YES		NO		
If yes,	please	give det	ails:	
Does y	our chil	ld suffer	from any	y allergies?
YES		NO		
If yes,	please	give det	ails:	
Is your	child t	aking an	y medica	ation at present?
YES		NO	Ĺ	
If yes,	please	give det	ails:	
<u></u>				
-	ur child	-	n över-tr	ne-counter medicine (e.g. paracetamol; cough medicine?)
YES		NO		
				ee that in the case of illness our child should be attended
				operated on in an emergency, and may be given ified doctor's advice in an emergency
YES		NO	lo a quai	
TES	Ma th		ta /au ard	ion pares to inform the school of any change in our
				ian, agree to inform the school of any change in our on before his/her arrival at the school.
Comments: to be completed by a parent/legal guardian if you have any additional				
requests or information that is relevant to your child's stay at St Giles				

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?YESNO

To be completed by the parent / guardian of students aged 14 or 15. 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: