

Student Details

| | | | |
|---------------------|--|---------------|--|
| First name | | Last name | |
| Date of birth | | Course dates | |
| Mobile phone number | | Email address | |

Contact details of parent or legal guardian

| | | | |
|-------------------------|--|------------------|--|
| First name | | Last name | |
| Relationship to student | | Level of English | |
| Mobile phone number | | Email address | |

Contact details for person to be contacted if the above cannot be reached

| | | | |
|-------------------------|--|------------------|--|
| First name | | Last name | |
| Relationship to student | | Level of English | |
| Mobile phone number | | Email address | |

Parental Consent

Please read the following information carefully and mark the shaded boxes with an X to confirm and authorise

| | |
|--|---|
| | We, the parents/legal guardians, consent that our son/daughter can take part in a language course at St Giles International. We confirm that our child is suitably responsible and mature to study at a school where there will be students aged 18 and over. |
| | We have read the St Giles Disciplinary Policy for Under 18s with our child and confirm that they will follow these rules |
| | Our child will not be supervised during their free time and will travel between the school and the homestay unsupervised |
| | We consent to our child being placed in a class with adults when a class for Under 18s is not available at the appropriate level. |
| | Our child will always return to the homestay by curfew time. That is: Under 16s, Sunday to Thursday by 21:00, Friday and Saturday by 22:00 Under 18s, Sunday to Thursday by 23:00, Friday and Saturday Midnight |
| | Our child can join supervised Social Programme activities on weekday evenings and, when available, on Saturdays. These activities may include students who are over the age of 18. |
| | Our child will have enough money to buy lunch, to pay for transport and to cover any other personal needs that may be necessary during their stay. |
| | We have read the under-18 policy of the airline or rail service bringing our child to and from the UK and will comply with their requirements. (Please contact the school if you need any help making these arrangements.) |
| | We have booked a taxi transfer through St Giles OR have given the school details of a responsible adult who will be meeting them at the airport OR if the child is aged 16 or 17, we have given written permission for them to use public transport to make the journey to and from their homestay. |

Medical details and parental consent

St Giles International does not discriminate against the neurodiverse or against people suffering from mental health conditions.

| | | | |
|---|--------------------------|----|--------------------------|
| Does your child have any condition or illness, including a mental health issue, that requires medical treatment or other support? | | | |
| Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| If yes, please give details below | | | |
| | | | |
| Does your child suffer from any allergies? | | | |
| Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| If yes, please give details below | | | |
| | | | |
| Is your child taking any medication at present? | | | |
| Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| If yes, please give details below | | | |
| | | | |
| Can your child be given over-the-counter medicine (e.g. paracetamol; cough medicine?) | | | |
| Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| We, the parents/guardian, agree that in the case of illness our child should be attended by a doctor or hospitalised or operated on in an emergency, and may be given medication according to a qualified doctor's advice in an emergency | | | |
| Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| We, the parents/guardian, agree to inform the school of any change in our child's medical condition before his/her arrival at the school. | | | |
| Yes | <input type="checkbox"/> | | |
| Please add anything else that you would like to share about your child's health, below: | | | |
| | | | |

Promotional / Pedagogical photographs and videos

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|--|--------------------------|----|--------------------------|
| 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 | <input type="checkbox"/> | No | <input type="checkbox"/> |

I have read and understood all of the above information

Name of parent/guardian:

Signature of parent/guardian:

Date: