

Parental Consent Form

**REQUIRED FOR ALL STUDENTS
UNDER 18 YEARS OLD**

Reviewed periodically

Dear Parent/Guardian,

We are looking forward to welcoming your child to our school. In line with our very high standards of care we kindly ask you to read and complete the attached Parental Consent Form.

In the UK, a student under the age of 18 is legally considered a **child**. As such, all members of the school community (staff, homestay providers, group leaders and parents and/or legal guardians) have an extra **Duty of Care**.

This document is required for all students under 18 arriving from ALL countries and must be returned to Capital School of English before travelling to the UK.

STUDENT INFORMATION

Full name of student: _____

Date of Birth: ____/____/____

Passport Number: _____

Dates of Travel: From ____/____/____ to ____/____/____

PARENT/GUARDIAN INFORMATION & 24 HOUR EMERGENCY CONTACT

Please make sure we are able to use the contact details below in case of emergency.

	Parent / Guardian 1	Parent / Guardian 2
Full name:	_____	_____
Address:	_____ _____ _____	_____ _____ _____
Home telephone: (inc. country code)	+ _____	+ _____
Mobile: (inc. country code)	+ _____	+ _____
Email address:	_____ @ _____	_____ @ _____

Is your child travelling independently?

Yes	No
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OR

Is your child travelling with a Group or Educational Tour Operator (ETO)? Group/ETO Name: _____

Yes	No
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TERMS & CONDITIONS

Please check the boxes to show you have read and understood the terms & conditions below.

- I authorise my to travel to the United Kingdom to undertake an English language course at Capital School of English, 324 Wimborne Road, Bournemouth, BH9 2HH, UK.
- I have read and understood the **Student Code of Conduct** as stated by Capital School of English.
- I have made my child aware of the **Under 18 Student Code of Conduct** with particular regard to alcohol, drugs and curfew times.
- I have read and understood the **Under 18 Photographic Release Form**.
Check this box if you **ALLOW** the use of photographs which include your child.
- I have read and informed my child of the **Student Guide and Code of Conduct to Living with a Homestay Provider**.
- I have notified the school of any medical conditions and any medication my child is taking.
- We/I agree to authorize any member of staff during the course of the trip to approve and/or administer such medical treatment for my/our child as is deemed necessary in an emergency or upon the advice of a qualified practitioner, **if I/we are unable to be contacted on the telephone numbers provided**.

DECLARATION

By writing/typing your name you are agreeing to the above.

Name of parent/guardian (IN BLOCK CAPITALS) _____

Date: ____ / ____ / ____

FOR OFFICE USE ONLY

Parent Consent received on ____ / ____ / ____ by _____ (member of staff)

Capital School of English Student Number: 2411 ____ _