

## Parental consent form for students aged under 18.

We want to make sure that your child is safe and happy while studying in the UK. To help us, we ask you (the parent or legal guardian) to complete this form for any student aged under 18 who is enrolled at The Language Training Co. Please note that the student will not be able to start the course until the form is received by The Language Training Co.

<b>Data protection</b>			
We promise to keep this information secure and will only give it to people who are directly involved in caring for your child on a need-to-know basis during the time when they are enrolled at The Language Training Co this may include healthcare and welfare professionals.			
<b>Student details</b>			
First name:	Family name:	Gender:	male/female
Date of birth:	Nationality:	First language:	
Passport number:	Passport expiry date:		
<b>Parents' or guardian's details 1</b>			
Title:	First name:	Family name:	
Relationship to child:	First language:	Level of English:	
Address:			
Mobile phone:		Email:	
<b>Parents' or guardian's details 2</b>			
Title:	First name:	Family name:	
Relationship to child:	First language:	Level of English:	
Address:			
Mobile phone:		Email:	
<b>Please provide alternative contact number in the absence of both of the above.</b>			

## Curfew times

I agree with the school curfew times whilst my/son daughter is in their accommodation: YES ☐ NO ☒ X  
13-15 must be at home by 8 pm  
16-17 must be at home by 9 pm

## Unsupervised time

I give permission for my son/daughter to have free time for shopping on trips arranged by The Language Training Co. YES ☐ NO ☒ X  
11-13 will have supervised free time and will be accompanied by group leaders  
14-17 – up to an hour and a half within a specified area in groups of three and as long as they share their location on their smart phones.

I give permission for my son/daughter to have unsupervised free time in Bournemouth during the time between the end of classes/activities 16:30 and the time of the evening meal at their accommodation 18:00. YES ☐ NO ☒ X

I give permission for my son/daughter to have unsupervised free time in the evening for up to an hour between 19:00-20:00 after the evening meal and at weekends during the day between 12:00 and 15:00 YES ☐ NO ☒ X

## Medical

Please tell us about any problems. If we are not told in advance about a physical or mental condition, we reserve the right to terminate the student's course.

Does your son/daughter have:

Asthma or bronchitis YES ☐ NO ☐

Heart condition YES ☐ NO ☐

Fits, fainting or blackouts YES ☐ NO ☐

Headaches YES ☐ NO ☐

Diabetes YES ☐ NO ☐

Allergies to known medicines YES ☐ NO ☐

Other allergies e.g. materials, food, plasters YES ☐ NO ☐

Travel sickness YES ☐ NO ☐

Bed-wetting/incontinence YES ☐ NO ☐

Any mental health problems (including eating disorders, hyperactivity)? YES ☐ NO ☐

Is your son/daughter on regular medication? YES ☐ NO ☐

Does your son/daughter require regular hospital treatment? YES ☐ NO ☐

Does your son/daughter take any medication which he/she will bring with him/her? YES ☐ NO ☐

Is there anything else we should know about?

YES ☐ NO ☐

If the answer to any of the questions above is YES, please give details:

In case of minor pain or illness such as headache, mild cold or sore throat, do you agree to your son/daughter being given non-prescription medication such as Paracetamol, cough medicine, throat pastilles, antihistamine or travel sickness tablets? YES ☐ NO ☐

In case of an emergency do you give permission for a responsible person in the YES ☐ NO ☐  
The Language Training Co or in their accommodation to arrange medical treatment. Of  
course, every effort will be made to contact you, the child's parents/guardians, as quickly as possible.

### Attendance

Students are expected to attend all scheduled classes and activities and to be in their accommodation at the stated times. If you wish your child to be absent from the course at any time, please contact The Language Training Co directly so that suitable arrangements can be made.

### Photographs and video clips

I understand that The Language Training Co may take photographs or video clips of students during class or leisure activities and that these images may be used in The Language Training Co publicity or on its social media site. I consent for

images to be taken.

YES ☒ NO ☐

I consent for images to

be used in The Language Training Co publicity. YES ☐ NO ☐

### Students aged 16 and 17 who are enrolled on adult courses

I understand that:

my son/daughter will come into regular contact with other students over the age of 18, in class and during the leisure programme YES ☐ NO ☒

he/she is responsible for buying their own lunch during the week if he/she is not part of our summer junior groups. YES ☐ NO ☒

there are certain British laws (e.g., related to smoking and drinking alcohol) that apply to people aged under 18. As a consequence, there may be some leisure activities which my son/daughter cannot take part in because of their age. YES ☒ NO ☐

### Consent

I confirm that the above details are accurate and complete.

I agree to the terms and conditions

I have discussed the agreed arrangements and rules with my son/daughter.

Signature of the parent/guardian:

I have discussed the agreed arrangements and rules with my parent/guardian.

Signature of the student:

[For further information about our school. student handbook. safeguarding and attendance policy please click here.](#)

**ONCE COMPLETED AND SIGNED PLEASE RETURN THIS FORM TO  
[info@thelanguagetrainingco.co.uk](mailto:info@thelanguagetrainingco.co.uk) ANY QUESTIONS PLEASE CALL 00441202 315166**