

# PARENTAL CONSENT FORM

To be completed by the parent/guardian for students who are 16-17 years old

## STUDENT DETAILS

Title: <input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Miss	
First Name:	
Family Name:	
Date of Birth:	Nationality:
Mobile Number:	
Email Address:	
Country of Birth:	Place of Birth:
Passport Number:	
Passport Issue Date:	Passport Expiry Date:
<b>Enrolled to study at:</b>	
<input type="checkbox"/> The Language Gallery London, 5 Southampton Place, WC1A 2DA	
<input type="checkbox"/> The Language Gallery Manchester, 3rd Floor, Churchgate House, 56 Oxford St, M1 6EU	

## PARENT/GUARDIAN DETAILS

I am the
<input type="checkbox"/> parent of the above-named student.
<input type="checkbox"/> legal guardian of the above-named student.

## CONTACT DETAILS *Please include details of where you can be contacted in emergencies*

Name:
Address:
Email Address:
Telephone Number 1:
Telephone Number 2:
<input type="checkbox"/> I hereby give consent for the above-named child to travel to the UK without a legal guardian for the purpose of studying at The Language Gallery.
Signature:

## TRAVEL INFORMATION

Flight Details:	
Arrival:	Departure:
Arrival Date:	Departure Date:
Arrival Time:	Departure Time:
Flight Number:	Flight Number:
Flying From:	Flying To:
Airport and Terminal <i>(if applicable)</i> :	Airport and Terminal <i>(if applicable)</i> :
Students must purchase airport transfer collection and drop off service through The Language Gallery.	
<input type="checkbox"/> I have received confirmation that The Language Gallery has arranged the airport the airport transfer collection and drop off for my dependant.	
<input type="checkbox"/> I have purchased adequate travel insurance for the duration of my dependant's trip to the UK.	

## ACCOMMODATION IN UK *Please give the details of the accommodation where the students will be studying during their visit in the UK*

<input type="checkbox"/> Accommodation provided by the school
<input type="checkbox"/> Accommodation with parents or guardian in London or Manchester
Please provide address:
Telephone Number:
The emergency numbers are: +44 (0)7572 501834 (London) and +44 (0)7507 549755 (Manchester)
<input type="checkbox"/> I have noted and saved the emergency number.
<input type="checkbox"/> My dependant has noted and saved the emergency number.
<input type="checkbox"/> I understand that in any accommodation arranged by The Language Gallery, the rules laid out in the student handbook and online at <a href="http://www.thelanguagegallery.com/about-us/terms-conditions/#Accommodation">http://www.thelanguagegallery.com/about-us/terms-conditions/#Accommodation</a> will be strictly applied by the school and/or accommodation provider.
<input type="checkbox"/> I understand that The Language Gallery has no control over or influence on accommodation that has been arranged independently of the school.
<b>Please tick the boxes to indicate that you agree to the following:</b>
<input type="checkbox"/> I hereby give consent for the above-named student to participate in activities and excursions organised by or through The Language Gallery.
<input type="checkbox"/> I hereby give consent for the above-named student to participate in activities and excursions organised independently.
<input type="checkbox"/> I hereby give consent for the above-named student to participate in activities and excursions organised by or through The Language Gallery which may involve being away from their accommodation for one or more nights.
<input type="checkbox"/> I hereby give consent for the above-named student to participate in activities and excursions organised independently which may involve being away from their accommodation for one or more nights.
<input type="checkbox"/> I understand that such activities may involve travelling to cities other than London and Manchester, and countries other than the UK.

**MEDICAL DETAILS** *We cannot accept responsibility if medical/other relevant information is not disclosed*

Please give details of any regular medication the student takes:

Please give details of any medication the student will be bringing with them:

Please give details of any other medical conditions the student has such as allergies, asthma etc:

**Date the student had their tetanus vaccination**

- I hereby give consent for the above-named student to receive first aid from a trained First Aider, and/or for The Language Gallery and its representatives to arrange medical treatment in the event of accident, injury or illness.
- I hereby give consent that the above-named student can be given non-prescription medication for minor illnesses.
- In the event that the above-named student requires emergency medical treatment at a time or place from which I cannot be contacted, I hereby give consent for the following person to make emergency medical decisions on my behalf.

**Please give contact details of the above named person:**

**PERSONAL INFORMATION**

Please tick the box to indicate that you understand the following:

- It is necessary for The Language Gallery to record details of students, including medical and educational needs, and to take a photograph of each student. Any such information is strictly for internal and welfare purposes, and stored securely and in line with data protection laws.

Please tick the boxes to indicate that you agree to the following:

- During social activities, classes and other activities, representatives of TLG may take photographs, videos or other images of students, either for marketing or social media purposes. I hereby give consent for such images to be taken which include the above-named student.
- Students at TLG may be interviewed by press, broadcasters or other media. I hereby give consent for the above-named student to participate in such interviews.

**Signature of Parent/Guardian:** .....

**Date:** .....

Please ensure that your dependant brings a copy of this document with them to the UK.  
This document may be requested by immigration officers at border clearance.