

## Parental / Guardian Consent Form – students aged under 16

*This form must be completed by the parent/guardian of any student aged under 16 years old applying for a place on an English course at the school.*

### STUDENT DETAILS

*Please complete all sections below in BLOCK CAPITALS*

Full Name:		
Date of Birth:	Age:	Sex: M / F
Mobile/Cell phone number:		
Email address:		
Course start date:	Course end date:	

### PARENT / GUARDIAN DETAILS

*Please complete all sections below in BLOCK CAPITALS*

Full name:		
Date of Birth:	Age:	Sex: M / F
24-hour contact number:	Email address:	
Mother tongue (language spoken at home):	Level of English: <ul style="list-style-type: none"> <li>• Low</li> <li>• Medium</li> <li>• High</li> </ul>	Other languages:
Full home address:	Date:	Signature:
If the parent / guardian does <b>NOT</b> speak English, please give the details of a person that speaks English who can be contacted in an emergency		
Name:	Mobile/ cell number:	
Level of English:	Other languages spoken:	

### PARENT / GUARDIAN DETAILS IN LONDON

*Please complete all sections below in BLOCK CAPITALS*

Full name:		
Date of Birth:	Age:	Sex: M / F
24-hour contact number:	Email address:	
Mother tongue (language spoken at home):	Level of English: <ul style="list-style-type: none"> <li>• Low</li> <li>• Medium</li> <li>• High</li> </ul>	Other languages:
Full home address:	Date:	Signature:

Accredited by the



ENGLISHUK  
member

Email: [hello@roseofyork.com](mailto:hello@roseofyork.com) Phone: +44 (0) 207 434 0643

Address: 45 Oxford Street, London W1D 2DZ

### PARENTAL CONSENT

My child / ward can:

Please select as appropriate

stay in suitable homestay accommodation arranged by the school (age 14+)	YES	NO
travel to and from the airport with a responsible delegate (age 8+)	YES	NO
travel between the school and their accommodation with a responsible person (age 8+)	YES	NO
travel between the school and their accommodation alone (age 14+ only)	YES	NO
leave the homestay alone during their free time but return home before the curfew (age 14+ only)	YES	NO
participate in leisure/sports activities inside and outside the school with responsible delegates (age 8+)	YES	NO

### ACCOMMODATION

Please select as appropriate

Did Rose of York Language School organise your child / ward's accommodation?		YES	NO
If YES, complete this section:			
Students must return home every evening (at the latest) by:		YES	NO
Sunday to Thursday <b>18:00</b>			
Friday and Saturday at <b>18:00</b>			
*We may allow students to visit relatives in London, please contact us before arrival.			
If you want your child to arrive home before the above curfew, please choose the time:	Sunday to Thursday (weekdays): .....	Friday and Saturday (weekend): .....	
If NO, complete this section:			
The child's FULL address in London:			
Host's full name:		Host's email address:	
Host's home phone number:		Host's mobile / cell phone number:	

### STUDENT HEALTH

Does he/she have any allergies?	YES (please give details)	NO
Does he/she have conditions or illnesses that need medical treatment or medication?	YES (please give details)	NO
Is he/she taking any medication now?	YES For each medication, please answer the following questions: <b>Name:</b> <b>The form</b> (e.g. tablets, liquid etc.): <b>The dose</b> (e.g. 2 tablets, 10ml): <b>How your child/ward takes the medication</b> (e.g. by mouth, by inhaler): <b>How often your child/ward takes the medication</b> (e.g. after breakfast and dinner, every four hours, as needed):	NO

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Please continue on a separate sheet if necessary.		
I give permission for my child/ward to self-administer the medication named above under the supervision of a responsible delegate.	YES	NO
Does he/she have any special dietary requirements?	YES (please give details)	
Does he/she have any disabilities or learning difficulties?	YES (please give details)	
I agree to inform the school of any change in my child/ward's health before his/her arrival at the school.	YES	NO
<b>Medical treatment in case of illness and emergencies</b>		
I agree that if my child becomes ill they should be attended by a doctor or hospitalised or operated on in an emergency if deemed necessary by a qualified doctor, and may be given medication according to a qualified doctor's advice in an emergency.	YES	NO
<b>Additional information - Please use this space to tell us other relevant information about your child/ward.</b>		

TRAVEL DETAILS		
Flight Details		
Arrival date:	Departure date:	
Arrival time:	Departure time:	
Flight number:	Flight number:	
Flying to (UK airport):	Flying from (UK airport):	
Flying from:	Flying to:	
I want Rose of York to organise a <b>return taxi transfer</b> service for my child / ward.		YES NO
We strongly recommend that students aged 16 and 17 book a return airport taxi transfer service unless they are travelling with a named adult relative or guardian.		
If we <b>DID NOT</b> organise your child/ward's arrival transfer (arrival to/departure from the UK), please choose one option below and give details:		
Public transport A. Tube B. Bus C. Coach	Arrival:	Departure:

D. Train	Name and contact number of person making the transfer:	Name and contact number of person making the transfer:
Other A. Private taxi transfer B. Private arrangement	Arrival:  Name and contact number of person making the transfer:	Departure:  Name and contact number of person making the transfer:

By signing below, I agree to the following:

- My child/ward will abide by the curfew (please see page 1 of this document).
- My child/ward understands and will follow the rules relevant to his/her stay in London.
- Any information I have provided about my child/ward's health will be shared with their accommodation / teacher / group leader / doctors and other medical professionals where relevant.
- I give my consent for the school / homestay / group leader to act on my behalf in case of a medical emergency.
- I give the school / homestay / group leader permission to give my child/ward named medication when necessary.

Rose of York reserves the right to use any photos or videos taken at the school or during social activities for marketing and promotional purposes. Please notify us in writing if you do not wish for us to use your child/ward's photos or videos in this way.

Parent / Guardian Name: \_\_\_\_\_

Parent / Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Please do not hesitate to contact us if you have any questions.**

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