Parental / Guardian Travel Consent Form –Students under 18

This form must be completed by the parent / guardian of any student under the age of 18 travelling alone to and from the UK.

STUDENT COURSE AND TRAVEL INFORMATION ***Please complete all sections below in BLOCK capitals.***		
Full name:		
Date of birth:	Age:	Sex: M / F
Mobile/cell phone number:	E-mail address:	
Course start date:	Course end date:	
Travelling from:	Travelling to (UK): Arrival time: Flight number: Terminal: Airline:	
School name: Rose of York Language School London Address: 45 Oxford Street, London W1D 2DZ Telephone: +44 (0)20 7580 9888 Emergency 24-hour tel: +44 (0)7551 484563		

To whom it may concern:

As the parent and/or legal guardian of the above student, I give written consent for the care arrangements for my child's travel to the given address upon arrival in the United Kingdom.

My child/ward has enough personal funds/money to last the period of the course.

For children aged 12 to 15, please tick ✓ Box A or Box B.

For children aged 16 or 17, please tick ✓ Box A, Box B or Box C.

A ☐ My child will be met at the above destination (the United Kingdom) by a representative of Rose of York (documentary evidence attached).

B ☐ My child will be met at the above destination (the United Kingdom) by the following adult family friend/relative:

Full name: Telephone number:

Address: Relation to the child:

C ☐ I confirm my consent to my child's independent travel to the designated address.

Consent is given

Parent / Guardian's name:	
Parent / Guardian's address: Telephone: Email address:	
Parent / Guardian's signature:	Date:

YOU MUST COMPLETE AND SIGN THIS DOCUMENT BEFORE YOUR CHILD'S DEPARTURE.
YOUR CHILD MUST KEEP THIS DOCUMENT IN THEIR HAND LUGGAGE TO SHOW ON ARRIVAL AT ANY UK ENTRY PORT.