

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) 207 434 0643

Emergency 24-hour tel: +44 (0) 7888 148 074

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 8 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.**

Accredited by the



ENGLISHUK
member

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

Address: 45 Oxford Street, London W1D 2DZ