

Travel

I give consent for my son/daughter to travel to the UK and study at the Leeds English Language School

I agree that my son/daughter can travel unaccompanied:

- to and from LEEDS at the start and end of their course. YES NO
- between the school and his/her ACCOMMODATION YES NO

From airport/station etc to centre at the start of the course.

Details, Flight no. _____ Airport_ _____ Time _____

From school to airport/station on departure from the centre.

Accommodation

I agree to my son/daughter staying in **Private Accommodation** arranged by ourselves YES NO

I agree to my son/daughter staying in **Homestay Accommodation** and agree to the rules YES NO

He/she understands that he/she must follow the 'school and house rules'. YES NO

If your son/daughter is staying with family members or is in accommodation arranged by yourself, please give full details:

Name of responsible adult in the accommodation:

Date of birth:

Relationship to the child:

Address:

Mobile phone:

Email:

Curfew times

I agree to my son/daughter following set curfew times : YES NO

Leisure activities

I give permission for my son/daughter to go on any trips organised by **Leeds English Language School** and to take part in these activities, under supervision

Ball Games YES NO

Swimming and water sports YES NO

Canoeing/ kayaking /sailing YES NO

Adventure sports (high ropes, rock-climbing, abseiling etc.) YES NO

Horse-riding YES NO

Archery YES NO

Ice-skating YES NO

Unsupervised time

I give permission for my son/daughter to have free time for shopping on trips arranged by **Leeds English Language School** YES NO

I give permission for my son/daughter to have unsupervised free time YES NO

I give permission for my son/daughter to have unsupervised free time in the evening after the evening meal and at weekends. YES NO

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
- Severe 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

Leeds English Language School 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. YES NO

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 Leeds English Language School directly so that suitable arrangements can be made.

Photographs and video clips

I understand that Leeds English Language School may take photographs or video clips of students during class or leisure activities and that these images may be used in the schools 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 Leeds English Language School publicity. YES NO

Long-stay students

Details of student's doctor in home country:

Title: First name: Family name:

Address:

Telephone:

Email:

When did your son/daughter last have a tetanus injection? Date: _____

I give permission for my son/daughter to be registered with a doctor (General Practitioner) in the UK.

YES NO

Students aged 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
- he/she is responsible for buying their own lunch during the week
- 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.

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: