



Parental consent form for students aged under 18

We want to make sure that your child is safe and happy while studying in the UK. To help us, we ask you (the parent or legal guardian) to complete this form for any student aged under 18 who is enrolled at Britannia English Academy.

Please note that the student will not be able to start the course until the form is received by the school.

Data protection

Student details

We promise to keep this information secure and will only give it to people who are directly involved in caring for your child on a need-to-know basis during the time when they are enrolled at the school; this may include healthcare and welfare professionals.

First name: Family name: Gender: male/female Date of birth: Nationality: First language: Passport number: Passport expiry date: Parents' or guardian's details 1. Title: First name: Family name: Relationship to child: Level of English: First language: Address: Mobile phone: Email: 2. Title: First name: Family name: Relationship to child: First language: Level of English: Address: Mobile phone: Email:





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Travel

I give o	I give consent for my son/daughter to travel to the UK and study at the school.				
I agree	I agree that my son/daughter can travel unaccompanied:				
•	to and from Manchester at the start and end of their course.	YES □ NO □			
•	between the school and his/her accommodation homestay (13+)	YES □ NO □			
Details	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.				
Acco	mmodation				
•	I agree to my son/daughter staying in a homestay accommodation arranged by the school. YES \square NO \square				
He/she My chil	e understands that he/she must follow the 'school and house rules'.	YES □ NO □			
•	be provided with accommodation and airport transfer through Britannia.				
•	the accommodation provided by Britannia whilst in Manchester will be an average of 30-50 minutes from the school.				
Addres	ss:				
Be pro	vided:				
•	their own bedroom				
•	breakfast and evening meal from Monday to Friday (students are responsible for				
•	their own week-day lunches unless otherwise requested by their parent or				
•	guardian)				
•	shared bathroom with laundry facilities				

be under the responsibility of (legal guardian in the U.K.)





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Relation to the student:		
Telephone number:		
During this period the student will receive full supemergency phone (+44) 7511 606702.	port and can contact us 24 hours a d	lay on our
If your son/daughter is staying with family member please give full details:	ers or is in accommodation arranged	by yourself,
Name of responsible adult in the accommodation	Date of birth:	
Relationship to the child:		
Address:		
Mobile phone:	Email:	
Curfew times		
I agree the following times when my son/daughte	er must be in their accommodation:	YES □ NO □
Time:		
Leisure activities		
I give permission for my son/daughter to go on a these activities, under:	ny trips organised by the school and t	to take part in
Ball games (football, volleyball)	YES	S □ NO □
Adventure sports (high ropes, rock-climbing, abs	eiling etc.) YES	S □ NO □
Weekend trips and tours	YES	S □ NO □
Arcade Centres	YES	S □ NO □
Karting	YES	S □ NO □
Mini golf	YES	S □ NO □
Bowling	YES	S □ NO □

Accredited by the





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Unsupervised time

I give permission for my son/daughter to have free time for shopping on trips arranged by the school.	YES □ NO □
I give permission for my son/daughter to have unsupervised free time in Manchester during the time between the end of classes/activities (2:30 pm) and the time of the evening meal at their accommodation (5:30 pm).	YES □ NO □
I give permission for my son/daughter to have unsupervised free time in the evening after the evening meal and at weekends [subject to curfews].	YES □ NO □
Please, note that any trips beyond that, especially requiring an overnight stay will parent/guardian consent to each individual trip.	l need additional
Medical	
Please tell us about any problems. If we are not told in advance about a physical we reserve the right to terminate the student's course.	or mental condition
Does your son/daughter have:	
Asthma or bronchitis	YES □ NO □
Heart condition	YES \square NO \square
Fits, fainting or blackouts	YES \square NO \square
Severe headaches	YES \square NO \square
■ Diabetes	YES □ NO □
Allergies to known medicines	YES \square NO \square
Other allergies e.g. materials, food, plasters	YES \square NO \square
■ Travel sickness	YES \square NO \square
■ Bed-wetting/incontinence	YES \square NO \square
Any mental health problems (including eating disorders, hyperactivity)?	YES □ NO □
Is your son/daughter on regular medication?	YES □ NO □





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Does your son/	YES □ NO □		
Does your son/	daughter take any med	ication which he/she will bring with him/her	? YES □ NO □
Is there anythin	ng else we should know	about?	YES □ NO □
If the answer to	any of the questions a	bove is YES, please give details:	
agree to your s	on/daughter being give	s headache, mild cold or sore throat, do youn non-prescription medication such as pastilles, antihistamine or travel sickness ta	
school or in the	ry effort will be made to	permission for a responsible person in the range medical treatment. contact you, the child's parents/guardians,	YES □ NO □
at the stated tin	nes. If you wish your cl	neduled classes and activities and to be in nild to be absent from the course at any tim angements can be made.	
I understand th	•	photographs or video clips of students duri e used in the school's publicity or on its so	•
I consent for im	ages to be taken.		YES □ NO □
I consent for images to be used in the school publicity.		YES □ NO □	
Long-stay s	tudents		
Details of stude	ent's doctor in home cou	untry:	
Title:	First name:	Family name:	Accredited by the





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Address:		
Telephone:	Email:	
When did your son/daughter last have a tetanus	injection? Date:	
I give permission for my son/daughter to be regis (General Practitioner) in the UK.	stered with a doctor	YES □ NO □

Students aged 16 and 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.

Declaration

- Britannia does not accept responsibility for any injuries which may happen during scheduled activities.
- Students must understand that there is always a risk of accident or injury
- In the unlikely event of an accident or an illness during the event which needs immediate treatment, I agree to my son/ daughter receiving First Aid and Medical Treatment from qualified staff
- On such visits the member of Britannia staff will pay particular attention to your son/ daughter's safety and will have their mobile phone recorded on the register
- The member of staff will ensure that you son/ daughter has the school number/ emergency number entered in their phone and/or written on their ID card
- The member of staff will brief your son/ daughter on what to do in the event of a problem or getting lost
- Occasionally we may take photographs or film pupils at our school for educational purposes.
 The images that we take of our students may also be used to promote the school
- Check our website for specific information regarding under 18 students or ask reception for a copy of Safeguarding Policy.





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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:

