

## Parental Consent Form for Students 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 (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 and fully completed by the parent/guardian. If there is any section not applicable to your child, please write "N/A" (Not Applicable).

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### Data Protection

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

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### Student Details

Full name:

Nationality:

Gender: ☐ Male ☐ Female

First language:

Date of birth:

Passport number:

### Course Details

- Course Start Date: \_\_\_\_\_
- Course End Date: \_\_\_\_\_

## Parents' or Guardian's Details

### Parent/Guardian 1

Title (Mr., Ms., Miss., etc):

Relationship to the child:

Full name:

First language:

Phone number:

Level of English:

Email:

Address:

### Parent/Guardian 2

Title (Mr., Ms., Miss., etc):

Relationship to the child:

Full name:

First language:

Phone number:

Level of English:

Email:

Address:

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## Travel

I consent to my child traveling to the UK and studying at Britannia English Academy:

I agree that my child can travel unaccompanied to and from Manchester at the start and end of their course

☐ Yes

☐ No

## Accommodation

I consent to my child staying in accommodation arranged by the school ☐ Yes ☐ No

I confirm that my child understands and agrees to follow the accommodation rules ☐ Yes ☐ No

If your child will not stay in accommodation arranged by the school, please provide details of their alternative accommodation:

- Name of the responsible adult:
- Date of birth:
- Relationship to the child:
- Address:
- Mobile phone:
- Email:

**Note:** Accommodation arranged by Britannia is located 30–50 minutes from the school. Airport transfer can also be provided if your child is traveling alone. A 24-hour emergency contact number is available: +44 7511 606702 (WhatsApp) or +44 7856 992428 (Calls).

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## Curfew Times

I would like my child to be in their accommodation by the following time (specify time): \_\_\_\_\_

### Leisure Activities (if applicable)

I give permission for my child to participate in the following activities organized by the school:

- |  |  |
|--|--|
| Ball games (e.g., football, volleyball): | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Inflatable activities:                   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Weekend trips and tours:                 | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Arcade centres:                          | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Mini golf:                               | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Bowling:                                 | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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### Unsupervised Time

I give permission for my child to:

- |   |  |
|---|--|
| Have free time during school-organized trips  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have unsupervised time in Manchester between classes and activities (if applicable) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have unsupervised free time on weekends, subject to curfews                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**Note:** Overnight trips will require separate parental consent.

## Medical Information

Please provide details of any health conditions your child has:

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Does your child have any of the following?

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| Asthma or bronchitis   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Heart condition  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Fits, fainting, or blackouts                                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Severe headaches   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Diabetes   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Allergies (e.g., medicines, food, materials)                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Travel sickness  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Bed-wetting or incontinence                                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Mental health issues (e.g., eating disorders, hyperactivity) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

## Additional Information:

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| Is your child on regular medication?                | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does your child require regular hospital treatment? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Will your child bring medication with them?         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If you answered **YES** to any of the above, please provide details:

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### Consent for Non-Prescription Medication:

In case of minor illnesses (e.g., headache, mild cold), I consent to my child receiving non-prescription medication (e.g., paracetamol, throat lozenges)

☐ Yes  
☐ No

### Consent for Emergency Medical Treatment:

In case of an emergency, I give permission for medical treatment to be arranged for my child by a responsible person at the school or in their accommodation

☐ Yes  
☐ No

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### Attendance

Students are expected to attend all classes and activities and adhere to their accommodation curfew. If your child needs to be absent, please contact the school directly.

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### Photographs and Videos

I consent to my child's photographs or videos being used for the school's promotional materials and social media

☐ Yes  
☐ No

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### Long-Stay Students

Details of your child's doctor in their home country:

- Name:
- Address:
- Phone:
- Email:

I give permission for my child to be registered with a UK doctor (General Practitioner)

☐ Yes  
☐ No

### Permission to Leave School Premises on their own

I give permission for my child to leave the school premises on their own for lunch breaks, after classes, or extracurricular activities ☐ Yes ☐ No

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### Declaration

I confirm that the information provided is accurate, and I agree to the terms and conditions.

I have discussed these arrangements with my child.

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

**Student Signature:** \_\_\_\_\_

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Thank you for your cooperation in helping us ensure your child's safety and a successful study experience at Britannia English Academy.