



britannia
english
academy

📍 12 Charlotte Street, Manchester, UK
📞 +44 161 923 4649 / +44 7599 269400
✉ info@britannia-school.com
🌐 www.britannia-school.com

Parental Consent Form for Students Under 18

We want your child to be safe and happy while studying in the UK. This form must be completed by a **parent or legal guardian** for all students under 18 enrolled at Britannia English Academy.

Important: The student cannot start the course until this form is fully completed. If a section does not apply, please write “N/A” (**Not Applicable**).

Data Protection

We will keep this information secure and only share it with staff or professionals who need it to care for your child while they are enrolled at the school. This may include healthcare or welfare professionals.

Student Details

Full name: _____ Gender: Male Female
Nationality: _____ 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:

Travel

I consent to my child travelling to the UK and studying at Britannia English Academy.

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

Yes

No

Please explain how your child will travel from the airport to their accommodation:



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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 the alternative accommodation:

Address where the child will stay:

Name of the responsible adult:

Date of birth:

Relationship to the child:

Mobile phone:

Email:

Note: Accommodation arranged by Britannia is located approximately 30–50 minutes from the school. Airport transfer can be arranged if required. A 24-hour emergency contact number is available:

+44 7511 606702 (WhatsApp) / +44 7856 992428 (Calls)

Curfew Times

I understand and accept that my child must return to their accommodation by the following times every day, including weekends:

- **Before 9:30 PM** for students aged **14 and 15 years old** Yes
- **Before 10:00 PM** for students aged **16 and 17 years old**



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Leisure Activities (if applicable)

I give permission for my child to participate in school-organised activities such as:

- | | | |
|--|------------------------------|-----------------------------|
| 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 |
-

Unsupervised Time

I give permission for my child to:

- | | | |
|--|------------------------------|-----------------------------|
| Have free time during school-organised trips | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have unsupervised time in Manchester between lessons and/or activities | <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 |



Medical Information

Please provide details of any medical conditions your child has:

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 (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**, please provide details:



Medical Consent

In case of minor illness (e.g. headache, mild cold), I consent to my child receiving non-prescription medication:

Yes No

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

Attendance

I understand that students are expected to attend all lessons and activities and follow their accommodation curfew. If my child needs to be absent, the school must be informed.

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

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

Students Aged 16–17 in Adult Courses

I understand that students aged 16 and 17 may study in adult classes (18+).
I acknowledge that:

- My child will study with adult students
- They will not be supervised at all times
- They are expected to act responsibly and follow school rules and curfews

By signing this form, you acknowledge and accept these conditions.

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.

Date: _____

Parent/Guardian Signature: _____

Student Signature: _____

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