

PARENTAL CONSENT FORM for students aged under 18 for BCC School & BCC Residence

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 Bournemouth City College. It is essential that we are aware at all times of the agreed whereabouts of any child or who is supervising them.

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

STUDENT DETAILS			
First Name		Gender	
Family Name		First Language	
Date of Birth		Passport Number	
Nationality		Expiry Date:	
Course dates			
Accommodation dates			

PARENTS' OR GUARDIANS' DETAILS - No 1			
Title		Relationship to child	
First Name		First Language	
Family Name		Level of English	
Address			
Mobile phone			
Email			

PARENTS' OR GUARDIANS' DETAILS - No 2			
Title		Relationship to child	
First Name		First Language	
Family Name		Level of English	
Address			
Mobile phone			
Email			

Data protection

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.

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 YES ☐ NO ☐
- 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. YES ☐ NO ☐

Travel Arrangements

I give consent for my son/daughter to travel to the UK and study at the Bournemouth City College school.

I agree that my son/daughter can travel unaccompanied:

- **“to” and “from” Bournemouth** at the start and end of their course YES ☐ NO ☐

If you selected “NO” please specify and provide details of the student travel arrangement “to” and “from” Bournemouth.

Please provide details of the student’s travel arrangements, if accompanied by Agent/another adult.

Inbound travel:

Airport in UK:

Flight Number:

Arrival Time:

Accompanied by agent / another adult

YES ☐ NO ☐

Name of agent/another adult:

Contact telephone:

Outbound travel:

Airport in UK:

Flight Number:

Arrival Time:

Accompanied by agent/another adult:

YES ☐ NO ☐

Name of agent/ another adult:

Contact telephone:

I will privately arrange registered taxi service for my son/daughter collection and ***I will take full responsibility for his/her transfer***

YES ☐ NO ☐

Please provide details about arranged private taxi service:

I agree that my son/daughter can travel unaccompanied:

- **between the school** and his/her **accommodation** YES ☐ NO ☐

If you selected "NO" please specify and provide details of the student travel arrangement "to" and "from" accommodation and BCC School.

- I fully understand that the **ONLY TIME, when BCC is appointed** by myself to provide supervision for my child's travel arrangements, **will be SUPERVISED by BCC.** YES ☐ NO ☐
- I fully understand that **if my son/daughter travels with Agent/another adult** appointed by myself, supervision for my child **will be covered SOLELY by this Agent/adult** YES ☐ NO ☐

Catering Facilities

I understand that:

- my son/daughter will be responsible for buying their own food during the week days YES ☐ NO ☐
- my son/daughter will be responsible to arrange food over the weekends YES ☐ NO ☐
- my son/daughter will bring their own lunch during the week YES ☐ NO ☐

I would like to be contacted regarding the catering arrangement with BCC and I would like to discuss this
Please contact me on: YES ☐ NO ☐

Leisure activities

BCC will organise after school activities to help your son/daughter to use English as much as possible, but **they are not compulsory to attend.**

If your son/daughter decides to participate in after school activities and arrive to school on time for these activities as activity organiser arranges, I give permission for my son/daughter to go on any trips organised by the school and to take part in these activities, **under BCC supervision:**

Field trips (museums/galleries/public gardens) YES ☐ NO ☐

Activities in school (conversation/quizzes/films) YES ☐ NO ☐

*I understand that if my son/daughter will attend activity, he/she will be **supervised***

by BCC for the time allocated for the activity.

YES ☐ NO ☐

BCC Residential Accommodation

I agree to my son/daughter staying in BCC Residence, **arranged by BCC**
If accommodation is offered in BCC residence, I understand & agree that:

YES ☐ NO ☐

- my son/daughter will come into regular contact with other students/adults over the age of 18 at the BCC Residence
- my son/daughter **will have supervision arranged by BCC** for the evenings and weekends at the BCC Residence if travelling as individual

YES ☐ NO ☐

YES ☐ NO ☐

Non - residential Accommodation

I agree to my son/daughter staying in accommodation arranged **by AGENT**
If accommodation is offered by AGENT, I understand & agree that:

YES ☐ NO ☐

- my son/daughter will come into regular contact with other students/adults over the age of 18 at accommodation
- my son/daughter **will have supervision arranged by AGENT** for the evenings and weekends if travelling as part of the group individual

YES ☐ NO ☐

YES ☐ NO ☐

He/she understands that he/she must follow the 'school and BCC Residence rules'.

YES ☐ NO ☐

Copy of School & BCC Residence Rules will be included in our Student Guide received on arrival at school.

Non – residential accommodation with another family member or accommodation arranged by parent.

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

RESPONSIBLE ADULT IN THE ACCOMMODATION			
First Name		Date of birth	
Family Name		Relationship to child	
Address			
Mobile phone			
Email			

Curfew times (for BCC Residential Accommodation)

I agree that my/son daughter must be in their accommodation **by 22.00pm:** YES ☐ NO ☐

Medical Questionnaire

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:

- | | | |
|--|------------------------------|-----------------------------|
| <input type="radio"/> Asthma or bronchitis | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| <input type="radio"/> Heart condition | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| <input type="radio"/> Fits, fainting or blackouts | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| <input type="radio"/> Severe headaches | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| <input type="radio"/> Diabetes | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| <input type="radio"/> Allergies to known medicines | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| <input type="radio"/> Other allergies e.g. materials, food, plasters | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| <input type="radio"/> Travel sickness | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| <input type="radio"/> Bed-wetting/incontinence | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| <input type="radio"/> Any mental health problems (including eating disorders, hyperactivity) | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| <input type="radio"/> Is your son/daughter on regular medication? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| <input type="radio"/> Does your son/daughter require regular hospital treatment? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| <input type="radio"/> Does your son/daughter take any medication which he/she will bring with him/her? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| <input type="radio"/> Is there anything else we should know about? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

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 school or in their accommodation to arrange medical treatment? YES ☐ NO ☐

Unsupervised time

I give permission for my son/daughter to have unsupervised free time at the **end of child's allocated class times at BCC School (9am -12.15pm) and time of BCC School organised activities (3pm-5pm).** YES ☐ NO ☐

I give permission for my son/daughter to have **unsupervised free time after school BCC School organised activity (after 5pm) until curfew time 10.00pm.** YES ☐ NO ☐

I give permission for my son/daughter to have **unsupervised free time during the weekends.** 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 the school directly so that suitable arrangements can be made.

Photographs and video clips

I understand that the school may take photographs or video clips of students during class or leisure activities and that these images may be used in the school's 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 school's publicity. YES ☐ NO ☐

Long term stay students *[indicate length, maximum length of English language course booked _____]*

HOME COUNTRY STUDENT'S DOCTOR DETAILS	
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 ☐

PARENT / GUARDIAN CONSENT	
I confirm that the above details are accurate and complete	
I agree to the Bournemouth City College <i>“General Terms and Conditions of Enrolment”</i>	
I have discussed the agreed arrangements and rules with my son/daughter	
Signature of the parent/guardian	
Date	

STUDENT'S CONSENT	
I have discussed the agreed arrangements and rules with my parent/guardian	
Signature of the student	
Date	