

Please complete, sign and return this form .

PARENTAL CONSENT FORM FOR STUDENTS UNDER 18 YEARS

Terms and Conditions relating to the acceptance of my/our child:

_____ Student

1. Responsibilities

- I understand that the student is expected to attend all classes and scheduled activities.
- I have read and accept the terms of Olivet Schools Behaviour Policy and will make my child aware of these before he/she starts the course.
- Either, an airport transfer has been booked to take my child from the airport to his/her accommodation on arrival and also for the return journey to the airport. Or, Olivet School has or will be informed of the details of the travel plans (in ample time) before the trip.
- I acknowledge that Olivet School is not responsible for my child other than when in class or taking part in school activities.
- I confirm that my child has a mobile phone, which will be kept switched on at all times when he/she is not in class or at their accommodation. The number will be made available to Olivet School and the host family.
- My child will inform the host of where he/she plans to be when not at Olivet School or in the homestay.
- The student will return home in the evening no later than 23:00 hrs.

2. Health

- a. I confirm that Olivet School will be informed of full details pertaining to any health needs, allergies, and medication relating to the student.
- b. I agree that, in an emergency, a member of Olivet School staff or the host may give consent for hospital or emergency treatment for the student, should they not be able to contact me.

3. Excursions

- a. I further understand that I may take out personal accident insurance covering the student against accidents or loss that may occur, through no fault of any supervising staff. Such insurance is my personal responsibility.
- b. I grant permission for the student to take part in activities and excursions away from Olivet School premises.
- c. I give permission for the student to be driven by car, mini-bus or coach by a recognised transport company, providing they have adequate insurance cover.

My 24 hour telephone contact number (with full code) is: (.....).....

I agree to notify Olivet School immediately if my address or telephone number change.

The student's mobile telephone number when in England will be: (.....).....

Name in block capitals:

Legal parent of (student):.....

I agree to the above terms of conditions relating to the acceptance of the student by Olivet School

from..... to

Signature of parent(s) Date

..... Date

Please return to Olivet English Language School Ltd

50-52 Norfolk Square, Brighton, East Sussex BN1 2PA

Email: Info@Olivet.Co.Uk

WEB: WWW.Olivet.co.uk