

Consent Form: London School

Under UK law, all people under the age of 18 are regarded as children. For this reason, we require students who are under 18 years of age to obtain consent from a parent or guardian before studying at Burlington School. This form covers the relevant areas for which we require consent.

Please complete the shaded () fields and tick (✓) the appropriate boxes below.

To complete this form, you may need the latest version of Adobe Acrobat Reader, which you can download from <https://get.adobe.com/reader/>.

Personal information of student

Name of student _____

Date of birth _____

Passport number _____

Nationality _____

Enrolled to study at **Burlington School**
1-3 Chesilton Road
London
SW6 5AA
United Kingdom
Tel: +44 (0) 20 7736 9621

Dates of study from _____ to _____

Personal information of parent or guardian

The School will contact the following person in case of emergency:

Name of parent/guardian _____

Relationship to student _____

Home address _____

Telephone number _____

Email address _____

Please provide an additional contact in case the above person cannot be contacted:

Name of person _____

Relationship to student _____

Home address _____

Telephone number _____

Email address _____

Travel to the UK and London

Please tick (✓) the box to indicate that you agree to the following:

I hereby give consent for the above-named child to travel to the UK for the purpose of studying at Burlington School.

Please tick (✓) ONE box:

The above-named child will be collected from a UK airport or rail/sea terminal by taxi or minibus arranged by Burlington School

I will arrange transport from a UK airport or rail/sea terminal for the above-named child.

Details of person collecting the student:

Name of person _____

Relationship to student _____

Home address _____

Telephone number _____

Email address _____

Travel to School

Please tick (✓) the appropriate box to indicate that you agree to the following:

The above-named child has permission to travel to and from school alone.

The above-named child will travel to school with the following named individual:

Name of person _____

Relationship to student _____

Home address _____

Telephone number _____

Email address _____

The above-named child requires a chaperone service from the school to travel to and from the school.

I have paid the fee for this service.

Travel to School

Please tick (✓) the appropriate box to indicate that you agree to the following:

I understand that in any accommodation arranged by Burlington School, the rules laid out in the student handbook and accommodation handbook will be strictly applied by the school and/or accommodation provider.

I understand that Burlington School has no control over or influence on accommodation that has been arranged independently of the school.

Social activities

Please tick (✓) the boxes to indicate that you agree to the following:

I hereby give consent for the above-named child to participate in activities and excursions organised by or through Burlington School.

I hereby give consent for the above-named child to participate in activities and excursions organised independently.

I understand that such activities may involve the above-named child travelling to cities other than London and/or countries other than the UK, and/or being away from their accommodation for one or more nights.

Free Time

Please tick (✓) the appropriate box to indicate that you agree to the following:

I hereby give consent for the above-named child student to have unsupervised free time outside of class times or other activities organised by Burlington School.

I do not give consent for the above-named child form to have unsupervised free time outside of class times or other activities organised by Burlington School.

I have paid for or otherwise arranged supervision for the above-named student at these times.

Medical treatment

Please tick (✓) the box to indicate that you agree to the following:

I hereby give consent for the above-named child to receive first aid from a trained First Aider, and/or for Burlington School and its representatives to arrange medical treatment in the event of accident, injury or illness.

Data protection

Please tick (✓) the box to indicate that you understand the following:

It is necessary for Burlington School to record details of students, including medical and educational needs, and to keep a copy of their photographic ID. Any such information is strictly for internal and welfare purposes, and stored securely and in line with data protection laws.

Burlington School will from time to time contact you with offers and news from the school. Under no circumstances will the school pass your data on to any other organisation or individual. Please tick to give consent for the school to contact you in this way.

Burlington School will occasionally take photographs or videos of students in the course of lessons or other activities, which may be used for promotional purposes. Please tick to give consent for the school to make such images of the above-named child.

Declaration

Signature _____

Name _____

Relationship to student: _____

Date _____