

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 parents/guardians to complete this form for any student aged under-18 who is enrolled at Norwich Study Centre, Flying Classrooms.

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

We 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.

If the parent/guardian is not able to fully communicate in English, we ask them to designate another adult who can communicate with the school in English on their behalf.

Student Details

First name:

Family name:

Gender: male/female

Date of birth:

Nationality:

First language:

Passport number:

Passport expiry date:

Religion:

Parent's/Guardian's Contact Details

1. Title:

First name:

Family name:

Relationship to child:

First language:

Address:

Mobile phone:

Email:

Religion:

Can you communicate in English? YES NO

2. Title:

First name:

Family name:

Relationship to child:

First language:

Address:

Mobile phone:

Email:

Religion:

Can you communicate in English? YES NO

Accredited by the



for the teaching
of English in the UK



5, Tombland, Norwich, Norfolk, NR3 1HE, UK

Tel: +441603 619091

Email: info@flyingclassrooms.co.uk

Registered company: 3994304

If NO, please give details of a designated responsible adult who can communicate in English:

First name:
Family name:
Date of birth:
First language:
Relationship to child:

Contact Phone Number:
Email Address:

I am happy for this designated person to communicate with the school in English regarding my child:

YES NO

Travel to the UK and Norwich

I give consent for the above-named child to travel to the UK to study at the Norwich Study Centre.

For an individual student

The school needs to know the travel arrangements in case something goes wrong. If travel arrangements have not yet been confirmed, please leave this blank and send the details to us as soon as they are confirmed.

Arrival date:

Which airport:

Arrival: Flight no.:	Airport:	Time:
Departure: Flight no.:	Airport:	Time:

Airport arrangement request: Arrival: YES NO Departure: YES NO

If private arrangements have been made, please give the details below:

Driver's Name:
Driver's Contact Number:
Company:

**In Norwich
Unsupervised Time**

- to and from the school at the start and end of their classes & activities. YES NO
- between the school and his/her host family YES NO

Normally 15-20 minute walk or 5-10 minute bus ride
Only children aged 14+; children aged 11-13 must be accompanied

Accommodation

I agree to my child staying in a host family arranged by the school: YES NO

My child understands that he/she must follow the 'school and house rules': YES NO

The time of the evening meal at our homestay accommodation is 6 – 7 pm.

Curfew Times

I agree the following times when my child must be in the host family: YES NO

11 – 13 years old: Always accompanied

14 – 15 years old: 6pm

16 – 17 years old: 8pm

Permission from the parent/guardian is required to extend the curfew time.

Curfew Extension

I give permission for my child to have unsupervised free time in the evening after the evening meal and at weekends until _____ pm YES NO

If your child is staying with your family members or is in accommodation arranged by yourself, please give full details:

Name of responsible adult in the accommodation:

Date of birth:

Relationship to the child:

Address:

Mobile phone:

Email:

Social Activities

I give permission for my child to go on any trips organised by the school and to take part in these activities, under supervision of the school activities leader.

YES NO

Unsupervised Time

I give permission for my child to have free time for shopping on trips arranged by the school.

YES NO

Ages 14–17; maximum one hour within a specified area, in groups of three

I give permission for my child to have unsupervised free time in Norwich. YES NO

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Medical Information

Please provide all relevant details.

Details of any known special dietary requirements:

Details of any known allergies:

Details of any medical conditions and treatment/medication required:

Any other special needs, requirements, directions, that would be helpful for us to know about:

Medical Treatment

In case of minor pain or illness such as headache, mild cold or sore throat, do you agree to your child 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 at Norwich Study Centre or in their accommodation to arrange medical treatment?

YES NO

In this situation, every effort will be made to contact the parents/guardians or designated adult as quickly as possible.

Attendance

Students are expected to attend all scheduled classes and activities and to be in their accommodation at the stated time. Students will be asked to sign in and sign out at reception every day, and will be given regular tutorials by the School Director. 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.

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Photographs and Video Clips

I understand that Norwich Study Centre may take photographs or video clips of students during class or leisure activities and that these images may be used in Norwich Study Centre 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

The scope of the school's publicity includes:

Paper copies of photos on the school's notice board, social media (Facebook, Instagram, Twitter etc.), the school brochure.

Long-stay Students (who are to stay for more than 28 days):

Details of student's doctor in their home country:

Title: First name: Family name:

Address:

Telephone:

Email:

When did your child last have a Tetanus injection? Date: _____

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

YES NO

Students Aged 16 and 17 who are Enrolled on Adult Courses

I understand that:

- My child will come into regular contact with other students over the age of 18 as part of their course. 16 and 17-year-olds will be given a specific induction before joining adult classes to highlight the differences in content and class atmosphere. I understand that class materials will be relevant and age appropriate, and that both teachers and students will be made aware of their duty of care. All students should communicate appropriately with under 18s.
- My child will be given weekly tutorials by the Designated Safeguarding Lead (DSL) to raise any concerns. If their teacher or other students are concerned about your child, they will alert the DSL who will resolve the issue.
- My child will still be asked to sign in and sign out at school, and their attendance will be monitored.
- My child is responsible for buying their own lunch during the week.
- There will be some social activities related to their course which my child cannot take part in because of their age.

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Parental/Guardian Consent Signature

I confirm that the above details are accurate and complete.
I agree to the terms and conditions of this Parental Consent form.

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Signature of the parent/guardian:

Date:

If you have any questions or concerns, please contact the school by email at info@flyingclassrooms.co.uk or by phone on +44(0)1603 619 091.
We would like to ask you to read the school Safeguarding Policy and our Student Handbook.