

Parental Consent Form

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 Stamford Academy.

This form covers the relevant areas for which we require consent.

Personal Information of Student

Name of student (as in passport)	
Date of birth	
Passport number	
Nationality	
Home address	
Enrolled to study at	Stamford Academy 46a High Street Stamford Lincolnshire PE9 2BD England +44 (0)1780 489400
Dates of study	

Personal Information of parent/guardian

Name of parent/guardian	
Relationship to student	
Home address	
Telephone number:	

Travel to the UK and Stamford

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 Stamford Academy.

Please tick ONE box:

The student will be collected from a UK airport by taxi arranged by Stamford Academy

The student will travel independently from a UK airport to Stamford

Accommodation

Please tick the appropriate box:

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

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

Activities

Please tick the boxes to indicate that you agree to the following:

I hereby give consent for the above-named student to participate in activities and excursions organised by or through Stamford Academy.

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

I hereby give consent for the above-named student to participate in activities and excursions organised by or through Stamford Academy which may involve being away from their accommodation for one or more nights.

I hereby give consent for the above-named student to participate in activities and excursions organised independently which may involve being away from their accommodation for one or more nights.

I understand that such activities may involve travelling to cities other than Stamford.

Medical treatment

Please tick the boxes to indicate that you agree to the following:

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

Personal Information

Please tick the box to indicate that you understand the following:

It is necessary for Stamford Academy to record details of students, including medical and educational needs, and to take a photograph of each student. Any such information is strictly for internal and welfare purposes, and stored securely and in line with data protection laws.

I hereby consent to Stamford Academy taking and using photographs of the student during the course for print and digital media purposes only. Any such material is strictly for use by Stamford Academy only and will not be distributed to any third parties.

Signature:	
Name:	
Date:	