**Parental Consent Form**

**Under 18 years old**

**Student Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date of Birth:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student mobile number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Dates of Course:** **From**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **To**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**As the parent(s)/guardian(s) of** **student named above,** **we understand and agree that:**

* Parents/Guardians will inform Westbourne Academy if the student has any mental health history or other existing medical condition which would affect his/her ability to follow the course. I/We will also provide information of any medication that he/she is taking.
* I/We consent to emergency medical treatment as advised by qualified medical practitioners should there be a medical emergency or medical attention is required when I am not available.
* Students under the age of 18 will stay in homestay accommodation provided by the school.
* I/We will provide a next-of-kin and 24-hour contact will be provided for Westbourne Academy to use if there is an emergency.
* The student will need to attend a meeting with a Senior Manager on his/her first day after the intake is completed.
* Students under 18 are not supervised outside lesson times. They are also not supervised while travelling between their homestay and the school, during lesson breaks, or when travelling to social activities. On weekend excursions, it is normal for them to have unsupervised time for shopping etc.
* The student should bring enough pocket money for the duration of their course. Westbourne Academy does not provide free lunches; therefore, students will need to buy their own lunch either from the Westbourne Academy canteen or from a local shop. I/We understand that weekday lunches are not provided unless requested and confirmed in writing
* Students must attend all their classes and must contact the school by phone or e-mail immediately if they are not going to attend a lesson for any reason or will be late.
* Students should tell their homestay hosts if they are not going to be present for a meal (for example, because they want to eat out with friends).
* Students **MUST** return to their homestays by 10.30PM Sunday - Thursday and 11.30PM Friday and Saturday.
* I/We can confirm I/we have received and read the ‘Students Under 18 years of age’ leaflet.
* Students under 18 must not buy or consume alcohol or buy cigarettes. This is UK Law.
* Students must have a working mobile and provide Westbourne Academy with the telephone number.
* Westbourne Academy must have written permission from parents or guardians before an under-18 student can stay out overnight.
* My child can attend religious ceremonies during lesson time.
* Sometimes students go on organised excursions with local companies and these are not accompanied by any staff from Westbourne Academy. I/We understand that Westbourne Academy will not be responsible if the student attends a non-Westbourne Academy supervised excursion.

I agree to allow Westbourne Academy to use the image of my child for promotional purposes:

**YES / NO (Please Circle)**

I agree that my child has my consent to travel within Bournemouth independently during their course:

**YES / NO (Please Circle)**

**The Westbourne Academy 24-hour emergency telephone number is 07974348453.**

Name of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Email address of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

24hour Contact number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_