

HELP US TO CARE FOR YOUR SON/DAUGHTER WHO IS 16/17 YEARS OF AGE

Anglo-Continental is accredited by the British Council and the Independent Schools Inspectorate (ISI).

As an accredited school, Anglo-Continental must follow strict regulations with regard to the acceptance of students under 18 years of age and is obliged to make sure that all these conditions are met.

Please read the **Declaration by Parent or Guardian** below to make sure that your son/daughter understands what he/she must do. Please accept these conditions (in addition to our Conditions of Enrolment and School Regulations) and enter your son/daughter's name in the space below. Please then complete the form by signing your name at the bottom of the page and writing your name in CAPITAL letters.

This will help us to ensure the well-being of your son/daughter and enable him/her to participate successfully in the course.

DECLARATION BY PARENT OR GUARDIAN

I give permission for my son/daughter to go out during the day and evening without the supervision of an adult (that is, a person aged 18 years or over).

..... (Student's First Name) (Student's Family Name) (Student Reference Number)

I will instruct my son/daughter:

- to return to the homestay family no later than 23.00 hours.
- to notify the homestay family when he/she is going out alone, where he/she is going and at what time he/she will return.
- to attend all classes every day.
- that the teacher will check he/she is in class each day and mark his/her attendance on the 16/17 year olds register.
- to attend the Vacation Course activity programme when not in classes.

If your son/daughter wishes to go on a day-time or overnight adult excursion organised by Anglo-Continental or a tour operator, he/she must follow the instructions of the tour leader and Anglo-Continental must receive your permission to allow your son/daughter to take part in the excursion.

I confirm that I understand and accept the British Council and ISI regulations, and that I have explained all the above points to my son/daughter. I have also explained that if he/she does not follow these instructions, or has behaved badly, whether on the school campus or outside, Anglo-Continental will take disciplinary action which may result in removing him/her from the course. I confirm that if this happens I will make the necessary arrangements for my son/daughters immediate return home.

In the event of serious accident or illness, the permission of the parent/guardian is required before emergency medical, surgical or dental treatment can be carried out. We strongly recommend that you give this permission to Anglo-Continental in advance to avoid any delay in arranging emergency treatment.

I give my permission to the senior staff of Anglo-Continental to arrange emergency medical, surgical or dental treatment if necessary.

If this form is not completed, in the case of an emergency situation, Anglo-Continental will decide on any action which needs to be taken based on professional advice available at the time of the emergency.

Signed: Parent/Guardian

Name: (Please print name in CAPITAL LETTERS)

Date:

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CONTACT DETAILS

In case we need to contact you in an emergency, we require the following contact details:

Parent/Guardian

Family Name: First Name:
Telephone: (day) (night)
Mobile:
Fax: (day) (night)
Email: (day) (night)
Address:
.....

Second contact person (in case you cannot be contacted) Relationship:
Family Name: First Name:
Telephone: (day) (night)
Mobile:
Fax: (day) (night)
Email: (day) (night)
Address:
.....

OVERNIGHT EXCURSIONS - DECLARATION BY PARENT OR GUARDIAN

I give permission for my son/daughter to go on an overnight excursion.

Signed: Parent/Guardian
Name: (Please print name in CAPITAL LETTERS)
Date:

FOR OFFICE USE ONLY

Date received: Student Name:
Course: Student Reference:
Dealt with by: Course Dates: to

Anglo-Continental, 29-35 Wimborne Road, Bournemouth, BH2 6NA, England

Telephone:		Fax:		Email:
National	01202 55 74 14	National	01202 55 61 56	english@anglo-continental.com
International (GB Code)	+ 1202 55 74 14	International (GB Code)	+ 1202 55 61 56	www.anglo-continental.com