

Parental Consent Form 2004 – this form is to be completed by parents of all students studying on the Junior Activity Course

Full Name of student:.....

Study dates of student:

(1) Emergency contact details –please provide 2 emergency contact details in the event that we need to contact you during your child's stay in the UK

Emergency contact 1 – Parental contact details

Full name:	Home Telephone:
Address:	Business telephone:
.....	Mobile:
.....	Email address:

Emergency contact 2 – Friend or family member (please circle))

Full name:	Home Telephone:
Address:	Business telephone:
.....	Mobile:
.....	Email address:

(2) Please read the information given below and sign to indicate that you agree.

The Mayflower College specifies that students must abide by the following rules:

- ◆ Students must arrive on time and attend all morning classes and afternoon activities.
- ◆ Students must respect their teachers and other students.
- ◆ Students under the age of 14 should not be allowed out in the evenings unless accompanied by an adult, i.e participating in an activity organised and supervised by either the host family, the group leader or the Mayflower College.
- ◆ Students between 14 and 16 years should not be allowed out alone in the evenings (they could be in pairs or groups) but must return home by 20:00 hours unless, as before they are participating in an activity organised and supervised by either the host family, the group leader or the Mayflower College.
- ◆ Older students (17 or 18 years) must return home (to their host family) by 22:30 hours.

Parents, please read and sign below to indicate your agreement:

- ◆ I give permission for my child to participate in all lessons and supervised activities organised by the Mayflower College.
- ◆ I agree that my child should abide by the rules (and curfew times) as given above.
- ◆ I give permission for my child to travel unaccompanied by public transport in Plymouth to and from all lessons, activities and excursions organised by the Mayflower College.
- ◆ I understand that after all scheduled activities, students will be expected to take the local bus back to their host family.
- ◆ I give permission for my child to receive emergency medical treatment in the UK.

Name (parent or guardian)

Signed:

Date:

Please return this form as soon as possible to:

The Mayflower College, 1 Radford Road, The Hoe, Plymouth, PL1 3BY.

Tel: 01752 673784 Fax: 01752 671537 e-mail: english@maycoll.co.uk