| Student Name |  |
| --- | --- |
| Chosen Name |  |
| Date of Birth |  |

I/We confirm that we are the parent(s)/legal guardian(s) of the above named student and we agree to the following:

* I/We have given our permission for our child to make an application to study in the UK, specifically at John Leggott College
* I/We have given our permission for our child to make a visa application to study at John Leggott College
* I/We have given our permission for our child to travel to the UK
* I/We have given our permission for our child to study at John Leggott College and stay in homestay accommodation provided by the College
* I/We have given our consent for our child to use our funds whilst they are resident in the UK
* I/We confirm that we will pay John Leggott College the tuition fees due for our child
* I/We give permission for staff at John Leggott College to sign on my behalf to allow my child to go on college arranged trips/visits
* I/We confirm that I understand that if my child travels independently during a weekend or during college holidays that they will not be under host family or JLC guardianship during that time

|  | Parent/Guardian 1 | Parent/Guardian 2  (if only 1 parent/guardian please tick here ☐) |
| --- | --- | --- |
| Relationship to student (e.g. Mother or Father) |  |  |
| Full name |  |  |
| Address |  |  |
| Telephone number |  |  |
| Email address |  |  |
| I speak English | Yes ☐ No ☐ | Yes ☐ No ☐ |

If you do not speak English please provide the name of an English speaking friend or relative who we can contact in an Emergency.

| Full name |  |
| --- | --- |
| Phone number |  |
| Email address |  |