

Minor Parental Consent Form

Our main priority is making sure that our students are happy and safe while studying with us, and that they are receiving the best level of education possible, while also having the time of their life! Therefore, in order to help us make this possible, we ask you (the parent or legal guardian) to complete this form for any student aged under 18 who is enrolled at Gateway School of English GSE

Please note that the student will not be able to start the course until the form is received by the school.

## Student details

Name and Surname: \_\_\_\_\_

Gender: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Nationality: \_\_\_\_\_

First (native) language: \_\_\_\_\_

Passport number: \_\_\_\_\_ Passport expiry date: \_\_\_\_\_

## Parents or Guardian Details

## PRIMARY POINT OF CONTACT

Name and Surname: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ First language: \_\_\_\_\_

Conversational knowledge of English:  Yes  No

Address: \_\_\_\_\_

Mobile number: \_\_\_\_\_ Email: \_\_\_\_\_

## SECONDARY POINT OF CONTACT

Name and Surname: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ First language: \_\_\_\_\_

Conversational knowledge of English:  Yes  No

Address: \_\_\_\_\_

Mobile number: \_\_\_\_\_ Email: \_\_\_\_\_

#### Travel

I give consent for my son/daughter to travel to Malta and study at Gateway School of English GSE.

YES  NO

I agree that my son/daughter can travel unaccompanied [for students staying in host families within walking distance from school and therefore no transport is required]:

- to and from the host family at the start and end of their course. YES  NO
- between the school and his/her host family YES  NO

Travel from Malta International Airport to [school/accommodation] at the start of the course:

Arrival Details:	Flight no. _____	Time _____
Departure Details:	Flight no. _____	Time _____

#### Accommodation

I agree to my son/daughter staying in the accommodation as organised by the school:

YES  NO

My son/daughter understands that he/she must follow the any rules implemented by [school and/or accommodation, where applicable]:

YES  NO

If your son/daughter is staying with family members or is in accommodation arranged by yourself, please give full details:

Name of adult responsible for the child in the accommodation:

\_\_\_\_\_

Date of birth: \_\_\_\_\_ Identity Card/Passport No: \_\_\_\_\_

Relationship to the child: \_\_\_\_\_

Address:

\_\_\_\_\_

### Gateway School of English

No. 1, Triq il-Jonju, San Gwann (St. Julians), Malta.

**Tel/Fax:** +356 2137 5086 • **Email:** info@english-malta.com • **Website:** www.english-malta.com

Mobile number: \_\_\_\_\_ Email: \_\_\_\_\_

Curfew times

I agree to the curfew times stipulated below, which shall apply to my son/daughter.

YES  NO

Curfew times for students staying at the residence/hotel/host family (exception: not when on the organised school social programme as sometimes activities might finish later) are as follows: Monday to Sunday until 23:30 hrs. in summer (June-September); until 22:30 hrs. in winter.

Leisure activities

I give permission for my son/daughter to participate in any activities or to attend any trips organised by the Gateway School of English GSE and to take part in these activities, under supervision:

General activities (leisure trips and cultural tours) YES  NO

Swimming and water sports/activities (minor must be able to swim) YES  NO

Unsupervised time

I give permission for my son/daughter to have free, unsupervised time on any trips or visits as arranged by the school, or at any moment when they are outside of the school grounds.

YES  NO

Medical

Please inform us of any medical issues, conditions or problems which your child suffers from. If the school is not informed about a physical or mental condition in advance herein, it shall reserve the right to terminate the student's course.

Is your son/daughter on regular medication? YES  NO

Does your son/daughter require regular hospital treatment? YES  NO

Does your son/daughter regularly take any medication? YES  NO

Please include any further information regarding the above:

---

---

---

---

---

---

In case of minor pain or illness such as headache, mild cold or sore throat, do you agree to your son/daughter being given non-prescription medication such as paracetamol, cough medicine, throat pastilles, antihistamine or travel sickness tablets?

YES  NO

In case of an emergency do you give permission for a responsible person in the School to arrange medical treatment? (Of course, every effort will be made to contact parents/guardians as quickly as possible)

YES  NO

#### Attendance

Students are expected to attend all scheduled classes and activities and to be in their accommodation at the relevant curfew times]. If you wish your child to be absent from the course at any time, please contact the school directly so that suitable arrangements can be made.

#### Data Protection

We promise to keep this information secure and will only give it to people who are directly involved in caring for your child on a need-to-know basis during the time when they are enrolled at the school. This may include external healthcare and welfare professionals.

#### Consent

We confirm that the above details are accurate and complete. We agree to the terms and conditions.

I have discussed the agreed arrangements and rules with my son/daughter

---

Signature of the parent/guardian