

**Parental consent form for overnight stay or for a visit to another city (not arranged by the school)**



Please complete the following sections as appropriate.

Name of student: ..... Date of Birth: .....

Name of Parent/Guardian giving consent: .....

1. Dates the student will be away from the homestay: from ..... to .....

Where will the student be staying? Please provide an address: .....

.....

Who will be responsible for the student while he/she is away? .....

2. Which city will he/she visit ..... Date .....

Who will accompany him/her .....

24 hour contact details for the person responsible for the student: .....

24 hour contact details for the parent/guardian: .....

24 hour contact details for the student: .....

I confirm that I give my permission:

Signed by: (parent/guardian) ..... Date: .....

COMMENTS: (to be completed by parent/guardian if you have any requirements, concerns or additional information)

**THIS FORM MUST BE COMPLETED BY THE PARENT/GUARDIAN FOR THE STUDENT TO BE ALLOWED TO LEAVE THE HOMESTAY ACCOMMODATION OVERNIGHT OR TO VISIT ANOTHER CITY UNACCOMPANIED BY THE SCHOOL.**

Official Use: confirmation that that the arrangements are considered suitable by a member of ELC's safeguarding Team

Signed ..... Name ..... Date.....