

EC LONDON FREESTYLE PROGRAMME

Parental Authorisation Form



Note: This form is to be duly completed and signed by the parent/s and/or legal guardian/s for enrolment of students who have not attained 18 years of age by date of arrival.

Student's General Information		
Full Name:	Gender:	
Nationality:	Date of Birth:	
Date of Arrival:	Date of Departure:	
Passport No:		
Any allergy/ies? (If yes, please specify)		
Any medication? (if yes, please specify)		
Parent/Guardian Information:		
Mother's / Guardian's Full Name:		
Home Phone No.:	Work Phone No.:	Mobile Phone No.:
Father's / Guardian's Full Name:		
Home Phone No.:	Work Phone No.:	Mobile Phone No.:

I/We hereby authorise my/our son/daughter, _____ to attend the EC Freestyle Programme and understand this is a residential programme for 16 to 20 year old students of different nationalities attending EC London to learn English. I/We also understand that EC does not provide 24-hour supervision and that the programme allows students to make their own arrangements during free slots on their timetable.

I/We understand that all students are expected to attend 15 hours of English language lessons a week which may be scheduled in the mornings or the afternoons. I/We understand that EC organizes leisure activities which are included in the Freestyle programme and that all students are encouraged to attend.

To the best of my/our knowledge, my/our son/daughter is in a good state of health and is able to participate in all leisure activities featured in the activity programme. Whilst all appropriate precautions will be taken for the safety of my son/daughter, any loss, damage or harm to my son's/daughter's person and/or personal belongings that may arise from participation in this summer programme shall be exempt of all recourse.

EC will endeavour to contact parents in case of any emergency however should my son/daughter require medical treatment or hospitalization during his/her stay on this programme, the attending physician and/or hospital is authorized to treat my/our son/daughter.

I/We have read and discussed the following guidelines with my/our son/daughter and acknowledge that he/she has agreed to follow the programme guidelines and further agree that the staff of EC London reserves the right to expel my child from the programme in the event of any guideline violation:

Accommodation Rules

- Curfew time is 11pm. Students aged under 18 must be back at the residence by this time.
- Students must keep their room neat and tidy
- Students must not allow anyone other than those allocated to that room to sleep over
- Students are not allowed to sleep out even if their friends happen to be at another EC residence
- Students are not allowed to invite guests into the residence
- Girls are not allowed to stay in the boys' rooms and vice versa
- Students are not allowed to smoke in a residence
- Students must not make excessive noise that could disturb other guests
- Students are liable for any damages/breakages caused to property. Payment for damages must be effected immediately and the residence staff will not allow the students to leave the residence unless payment has been made
- Students must pay directly for any additional services such as phone calls/room service
- Students must return keys to reception when they are leaving the residence

EC reserves the right to expel and repatriate a student at his/her own expense for any of the reasons below. This includes but is not limited to the following circumstances:

- Possession of any illegal drugs
- Excessive alcohol consumption
- Malicious damage to school property or place of accommodation
- Repetitive disruptive behaviour in class
- Repetitive absenteeism from academic lessons
- Repetitive disregard for EC's rules and regulations
- Breaking UK law
- If the student is a danger to his/her own safety or that of other students

I/We understand that every effort will be made to contact me in the case of emergency but if I/we cannot be reached, EC London should contact:

Full Name:	Relationship:	
Home Phone No.:	Work Phone No.:	Mobile Phone No.:

Parent's/Guardian's Signature: _____ Date: _____

Parent's/Guardian's Signature: _____ Date: _____

(Where there is more than one parent or guardian, the signatures of both parents or all guardians are required)