

## Guardianship Registration Form

Please fill out the following form if you are in need of guardianship services from James-Lee Consultancy Ltd. Upon completion of application, please attach student photograph.

### STUDENT DETAILS

Surname	<input type="text"/>		
First Name(s)	<input type="text"/>	Middle Name	<input type="text"/>
Preferred Name	<input type="text"/>		
Date of Birth (DD/MM/YYYY)	<input type="text"/>		
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female		
City and Country of Birth	<input type="text"/>		
Nationality	<input type="text"/>		
Religion	<input type="text"/>		
Native/First Language Spoken	<input type="text"/>		
Additional Languages Spoken	<input type="text"/>		
Level of English	<input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Fluent		
Would you like English for Speakers of Other Languages (ESOL) during the holidays for student?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Contact Number (please include all relevant area and country codes)	<input type="text"/>		
Email	<input type="text"/>		

### Passport Details

Passport Number	<input type="text"/>
Issuing Country	<input type="text"/>
Passport Expiry Date (DD/MM/YYYY)	<input type="text"/>

Is a visa required for the student to enter the country?

☐ Yes ☐ No

If yes, has the visa been acquired?

☐ Yes ☐ No

Visa Expiry Date (DD/MM/YYYY)

*Please note, all students requiring a visa must obtain one before coming to the UK. If you are unsure if a visa is required, please contact us or your country's British Embassy for information.*

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## Education Details

School Name

Full address (include postcode)

Telephone Number

Expected Start Date (DD/MM/YYYY)

Year

Course

Does student have any learning difficulties or disabilities?

☐ Yes ☐ No

Please Specify

If yes, would you like James-Lee Consultancy to arrange educational support outside of school hours?

☐ Yes ☐ No

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## Parent Details

**Father** Full Name

Occupation

Permanent Address (Country of Residence)

Home Telephone Number

Mobile Number

Fax Number

Can confidential information be faxed to this number?

☐ Yes ☐ No

Email

**Mother** Full Name

Occupation

Permanent Address (Country of Residence)

Home Telephone Number

Mobile Number

Fax Number

Can confidential information be faxed to this number?

☐ Yes ☐ No

Email

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### Alternative Contact (in case of emergency)

Name

Relationship

Contact Details

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### Student Health and Medical Details

Does student suffer from health problems? e.g. allergies, asthma, etc

☐ Yes ☐ No

If yes, please specify.

Does student suffer from any mental health issues? e.g. psychiatric or emotional problems

☐ Yes ☐ No

If yes, please specify.

Is student taking any prescribed medication(s)?

☐ Yes ☐ No

If yes, please specify. Please include the purpose of the medication and the frequency with which it is taken.

Do you require us to arrange for repeat prescription?

☐ Yes ☐ No

If yes, please specify.

Does student have any special dietary requirements?

☐ Yes ☐ No

If yes, please specify.

Does the student have insurance?  
e.g. medical and dental

☐ Yes ☐ No

Would you like us to arrange insurance?

☐ Yes ☐ No

If yes, please specify the type of insurance required.

Does the student suffer from any chronic illness?

☐ Yes ☐ No

If yes, please specify.

When was the last time student went to the doctor? What was the reason?

Name of Family Doctor

Contact details of family doctor  
(phone number and address)

Does James-Lee Consultancy have  
consent to make emergency medical  
and dental decisions for student?

☐ Yes ☐ No

For minor ailments, is there consent to  
the administration of over the counter  
medication? e.g. paracetamol or  
cough syrup

☐ Yes ☐ No

Is student allergic to any medication?

☐ Yes ☐ No

If yes, please specify.

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## Pastoral Care

Does the student like domestic  
animals?

☐ Yes ☐ No

Are there any animals the student  
does not like or is allergic to?

☐ Yes ☐ No

If yes, please specify.

Does the student smoke?

☐ Yes ☐ No

Is the student allergic to any foods?

☐ Yes ☐ No

If yes, please specify.

Has the student lived/been away from  
home prior to this?

☐ Yes ☐ No

If yes, were there any issues when the  
student was living/away from home?

☐ Yes ☐ No

If yes, please specify.

Student's favourite sport(s)

Student's favourite hobbies

If applicable, please provide any special requests the student may have in regards to a host family.

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## Travel and Leisure

Is student permitted to travel independently?

☐ Yes ☐ No

Is student permitted to go on school trips organised by the school, under adult supervision?

☐ Yes ☐ No

Is student permitted to swim under adult supervision?

☐ Yes ☐ No

Please list any specific activities that student is NOT allowed to participate in.

Is student permitted to stay with relatives/family members in the UK?

☐ Yes ☐ No

If yes, please provide their full name, address and telephone number. Please note, this can be updated via email as required.

Relationship

Is the student permitted to stay at their friend(s) house in the UK?

☐ Yes ☐ No

If yes, please provide their full name, address and telephone number. Please note, this can be updated via email as required.

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## DECLARATION AND SIGNATURE

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***I/We have read and understand the terms and conditions\* as set by James-Lee Consultancy Ltd and accept James Lee Consultancy Ltd to act as guardians for the student\*\*.***

**Signature 1 (Father)**

Name in Full

Date (DD/MM/YYYY)

**Signature 2 (Mother)**

Name in Full

Date (DD/MM/YYYY)

If only one parent has signed, please provide us with the reason.

*If neither the student's father or mother has signed the application form, a legal guardian/representative may sign. A reason must be provided.*

Signature of guardian/legal representative  
(If applicable)

Reason student's father or mother is  
unable to sign document.

***I/We, at James-Lee Consultancy Ltd, accept to be guardian(s) for the aforementioned student and will adhere to and comply with the terms and conditions set out within the parent and guardianship organisation agreement.***

**Signature**

Name in Full

Position

Date (DD/MM/YYYY)

*\* Terms and conditions are outlined in the parent and guardianship organisation agreement.*

*\*\* James-Lee Consultancy Ltd will start guardianship responsibilities upon the student's arrival in the UK and after full payment has been received.*