

Student (Group) Registration Form 2023

The English Experience

School of English

- This form must be completed by the parent or guardian of the student registering.
- When completing this form by hand, please use BLOCK CAPITALS.
- Before completing this form, please read and make sure you have understood the terms and conditions of The English Experience.

COURSE INFORMATION

Name of group: LICEO SAN RAFFAELE
Course start date: 16.07.2023 Course end date: 30.07.2023

STUDENT PERSONAL DETAILS

First Name(s): Surname:

Please select Female ☐ Male ☐ Nationality:

Date of birth: (day/month/year) Age: Please write the age the student will be at the time of the visit.

Student mobile telephone number:

Student Address:

Please list some interests and hobbies:

PARENT OR GUARDIAN CONTACT DETAILS AND EMERGENCY CONTACT

First Name(s): Surname:

Relationship to student

Address:

Email address:

Mobile telephone: Home telephone:

Emergency contact name and details. This person should be available 24 hours a day

Is this person an English speaker? Yes ☐ No ☐ (please select)

Full name: Relationship to student

Mobile Home Work
telephone: telephone: telephone:

Please remember to add your country calling code to telephone numbers.

MEDICAL AND WELFARE INFORMATION

Please give full details of any special personal, medical or dietary requirements that may be relevant to your child's stay with us. Attach on a separate sheet if necessary. All information provided is private and confidential.

	Y	N	Comments/details:
I confirm my child has had all relevant vaccinations for Covid-19	<input type="checkbox"/>	<input type="checkbox"/>	
Does your child have any allergies (medicines, animals, foods, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	
Does your child have any special dietary requirements? e.g., gluten free, celiac, lactose/dairy intolerant	<input type="checkbox"/>	<input type="checkbox"/>	

Does your child have any relevant medical conditions? <i>For example, allergies to medication, asthma, disability, any serious mental or physical illness or surgery in the last year.</i>	<input type="checkbox"/>	<input type="checkbox"/>	
Is your child taking any medication?	<input type="checkbox"/>	<input type="checkbox"/>	
Will your child bring any medicines with them?	<input type="checkbox"/>	<input type="checkbox"/>	
Does your child have any learning difficulties?	<input type="checkbox"/>	<input type="checkbox"/>	
Are you happy for English Experience staff or a homestay host to provide your child with non-prescription medicine if they need it? (e.g., ibuprofen, paracetamol, throat lozenges)	<input type="checkbox"/>	<input type="checkbox"/>	

ACCOMODATION INFORMATION

	Y	N	Comments/details:
Does your child require accommodation whilst staying in Norwich? <i>If no, please provide the name, address and contact details of the person your child is staying with.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Name Address Telephone number Email address
Does your child have any special requests for accommodation? <i>For example, would they like to stay with a friend?</i>	<input type="checkbox"/>	<input type="checkbox"/>	

TRAVEL INFORMATION

	Y	N	Comments/details:
Does your child have travel insurance? (please note we can only accept children with valid travel insurance)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
I understand I must provide my child with a letter of consent to travel alone and that any costs incurred due to lack of documentation will be paid by me.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Please tick to agree.

- ☐ My child and I agree to comply with all UK laws and the English Experience School Discipline Policy.
- ☐ I have read, understood and agree to all English Experience Terms and Conditions.
- ☐ I give permission for my child to take part in all aspects of the planned programme.
- ☐ I agree to any minor changes to the planned programme.
- ☐ I agree with the curfew time as stated by the Party Leader.

Data Protection

Any personal data that you supply to The English Experience will be held and processed only for the purpose for which it is supplied. We ensure that all personal data is captured, held and processed in accordance with the Data Protection Act 1998. The information you supply will be given to third parties only within the provision of this Act.

I consent to the full participation of my child (named above) on the course. I agree that information will be stored and used for 'The English Experience' school's purpose only. I authorise 'The English Experience' to be responsible for my child's welfare for the duration of the course and give consent for a doctor to administer necessary medical treatment, including anaesthetic and operation, if I cannot be contacted in an emergency. I confirm that the information provided on this form is accurate and true and I must notify 'The English Experience' of any changes.

Print Name _____ **Signature** _____ **Date** _____

If you are completing this form digitally, please tick the box to indicate your signature. ☐

