



**Consent form:**

Students under 18 years old are minors in UK law. Your son/daughter is studying on an adult course (16+) and will not be supervised at break times, after school and on evening activities. By signing this form, you are consenting to your son/daughter not being supervised at the times stated above. This waiver also consents to transport and off-site trips.

Yes  No

**Transport:**

I consent to my son/daughter travelling by any form of public transport and or in a coach hired or owned by Chichester College with a driver that is authorised by law and insured to drive. I consent to my son/daughter to be driven by a college member of staff/Host Provider with a driver that is authorised by law and insured to drive.

Yes  No

**Supervision:**

I understand that the curfew time for my son/daughter in both Homestay and Woodlands halls of Residence is 10pm (22.00hrs) Sunday through Thursday and 11pm (23.00) on a Friday and Saturday night and he/she will adhere to this.

Yes  No

I consent to my son/daughter having no supervision at break time, lunchtime, in the evening, at weekends and on weekend trips. Enclosed are the guidelines/handbooks that all our Host Providers/Halls have for the care and supervision of students who are under 18 years old or turn 18 through the academic year.

Yes  No

**Off-site trips:**

I consent for my son/daughter taking part in college day/evening trips including Halls of Residence and across college trips/activities and agree to him/her taking part in any/all the activities available. I understand that during these trips students will have free time and will not be directly supervised but that all trip supervisors will be contactable.

Yes  No

I have ensured that my son/daughter understands that it is important for his/her safety and for the safety of the group that rules, and any instructions given by the staff in charge are obeyed.

Yes  No

I understand that, while the College staff and helpers in charge of the party will take all reasonable care of the young people, unless they are negligent, they cannot be held responsible for any loss, damage or injury suffered by my son/daughter arising during or out of the journey. (Note: your son/daughter will be covered by the College's insurance in the event of injury incurred during the trip.)

Yes  No

I understand that for the Woodlands activities if a student cancels his/her place without 48 hours' notice (unless in exceptional circumstances) there will be a charge which will be invoiced.

Yes  No

I consent to my son/daughter to having any emergency medical treatment necessary during a College off-site trip.

Yes  No



Parental Permission to sign out of Woodlands overnight

As Parent / Guardian of \_\_\_\_\_ I hereby give my permission for him/her to sign out at weekends (being Friday and Saturday) this permission is for the academic year 2024/2025

Full name and address and contact number of where staying is required for your son/daughter to sign out of the Residence. Students are not allowed to sign out to Westgate Halls of Residence. If signing out to a hotel/bed and breakfast proof of booking will be required.

I do not give permission for him/her to sign out during the term. [ ]

I give permission for him/her to sign out to any address: [ ]

I give permission for him/her to sign out to the addresses: listed below only: [ ]

.....  
.....  
.....

\*All students will automatically be authorised to sign out at the end of the Autumn term and at the end of their stay

Student Signature (All students must sign and agree to these terms)

I agree to comply with the terms detailed within this document and within the Woodlands Handbook whilst staying at Woodlands Halls of Residence.

Student Name: ..... Student ID: .....

Period of Stay: .....

Signature: [ ]

Date: [ ]

Parental Signature for Students Under 18

I give my permission for my son / daughter to sign out as indicated above and confirm that I have read the Woodlands Handbook and agree that my son/daughter will abide by the rules and guidelines outlined. I accept that sanctions will be issued should they break any of the rules. This will be done through the College student referral and cause for concern system. I agree to the term's details within this document for my son/daughter. All the permissions in this document cover if your son/daughter turn 18 during their stay in Woodlands.

Name of Parent or Legal Guardian: [ ]

Relationship: [ ]

Contact Number: [ ]

Email Address: [ ]

Signature: [ ]

Date: [ ]