**Parental Consent Form for Under 18s**

Student’s full name:

Student’s date of birth:

The University requires that students under the age of 18 years who apply for a place on a University programme must have the permission of their parent (with parental responsibility) or legal guardian to attend the programme.

**Parents/guardians**

As the parents/guardians of the above named student we are giving our full consent to our child’s UK immigration permission under the Student category to study full time at Keele University on their premises.

Please circle yes or no as applicable:

We can confirm that we have joint responsibility for our child. Yes / No

I have sole responsibility for my child. Yes / No

I/We acknowledge that the University cannot act 'In loco parentis' (in place of the parent) at any stage of the attendance on the programme of study, either on or off campus;

I/We give permission for our child to sign whatever contracts are necessary for induction in to the University;

I/we confirm that I/we will act as a guarantor and will honour all obligations under any contracts with the University that our child enters into prior to their 18th birthday;

I/we give permission for relevant University departments/services to be made aware of our child's details and age on enrolment (including Student Union).

I/we give consent for our child to complete a period on placement away from the University as a standard part of their studies, if applicable;

**Care and travel arrangements**

I/we consent to the arrangements for our child’s travel to, reception and care in the UK as outlined below.

Our child will be travelling to the UK with ………………………..[*name*], who is ………………………………. [*relationship of the accompanying adult to the child*].

Arrangements have been made for our child to be met by …………………[name] who is …………………………… [relationship of that person to the child

OR

We agree to our child travelling independently and living independently in the UK.

Yes / No

I/we would like the University to communicate with the contact nominated below in an emergency situation:

Name:……………………………………………………………….

Address:…………………………………………………………….

Telephone number:…………………………………………………

Please find enclosed evidence of our relationship with our child.

Please do not hesitate to contact us on ……………………………[*contact telephone number*] or at …………………………………[*contact email address*] if you have any queries.

Parent/legal Guardian 1 full name:

Relationship to student:

Signature:

Date:

Parent/Legal Guardian 2 full name:

Relationship to student:

Signature:

Date: