

Please write in CAPITAL letters

LIA Centre _____ Course Start Date _____

First Name _____ Last Name _____

Nationality _____

Home Address _____

Country _____

Date of Birth ____/____/____ Gender - Male/Female _____

Student's Email Address _____

Student's Mobile Number _____

Parent/Guardian Name _____ Relationship of Parent / Guardian _____

Parent's/Guardian's Contact Number(s) _____

Parent's/Guardian's Location during course _____ Home/on holiday/other _____

Emergency Contact Number (English speaker, if parents do not speak English) _____

+ _____

Special Dietary Information _____

Allergies/Medical Problems _____

Agent / Agency _____ Group Leader (If known) _____

In the event of a cold, minor injury or illness can we give/administer to your child: (Circle the answer)

Paracetamol? YES / NO Aspirin? YES / NO Ibuprofen? YES / NO Antiseptic cream? YES / NO

Can we authorise any urgent medical treatment in your absence? YES / NO

Is your child allowed to leave the campus if 16 or over? (Summer Schools only) YES / NO

Any other information which you think LIA should know? _____

Student/Parent/Guardian Name _____

Signature _____ Date ____/____/____

Permission to use Images for publication of marketing photos and videos
1. The publication of photos/videos (with his/her own picture) made during our activities in the media used by the organization;
2. the distribution of these pictures/videos on the occasion of advertising campaigns, by any means the law full supports;
3. the use of his/her personal data in compliance with the current English law. I hereby declare that I have read this document, I fully understand its content and I have signed this document on my own free will. Agreed accordingly and drawn up and signed in duplicate.



Please make sure that your child brings this form along with a photocopy of his/her passport/ID card with them to school